

Fall 1975

Jefferson Alumni Bulletin – Volume XXV, Number 1 Fall 1975

Let us know how access to this document benefits you

Follow this and additional works at: http://jdc.jefferson.edu/alumni_bulletin

 Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

"Jefferson Alumni Bulletin – Volume XXV, Number 1 Fall 1975" (1975). *Jefferson Medical College Alumni Bulletin*. Paper 154.

http://jdc.jefferson.edu/alumni_bulletin/154

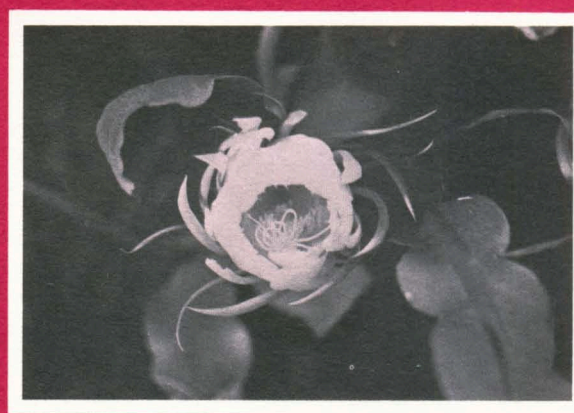
This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Jefferson Medical College Alumni Bulletin by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Jefferson

MEDICAL COLLEGE

ALUMNI
BULLETIN

Fall 1975



The syndicated underwriters have notified the Board of Trustees that the entire Jefferson bond issue has been sold nationally. This permits us to begin immediate construction of the new Thomas Jefferson University Hospital on the razed block between Tenth and Eleventh and Chestnut and Sansom Streets.

**Statement to the Faculty
Peter A. Herbut, M.D.
President
Thomas Jefferson University**

Jefferson

MEDICAL COLLEGE

ALUMNI
BULLETIN

Fall 1975

VOLUME XXV, NUMBER 1



Admissions:

Selecting the Best for Jefferson

2

Dr. Samuel Conly explains his Committee's very difficult assignment.

The Genesis of England's National Health Service

13

Dr. Richard Chambers gives a political and social overview.

Jefferson Greenery

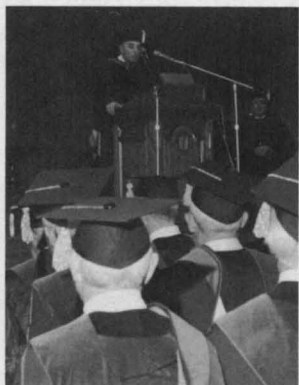
20

Horticulture thrives at Jefferson.

Financing the Medical University

24

TJU's Vice-President for Finance reports on Jefferson's fiscal health.



Jefferson Scene 15

Class Notes

27

Obituaries

34

Editor

Nancy S. Groseclose

Assistant Editor

Joy R. Mara

Publication Committee

Gonzalo E. Aponte, M.D.,
Chairman

William H. Baltzell, M.D.

Robert Breckenridge, M.D.

Herbert E. Cohn, M.D.

Franz Goldstein, M.D.

Warren R. Lang, M.D.

James H. Lee, Jr., M.D.

Gerald Marks, M.D.

Frank J. Sweeney, Jr., M.D.

Burton L. Wellenbach, M.D.

Credits:

Cover photos, Dr. Prabhavathi B. Fernandez; other photos, Townsend Wentz, Jr.



On the Cover: Designer Louis DeV. Day's rendering of the Night-Blooming Cereus, a cactus which, as its name suggests, blooms only at night. Dr. P.B. Fernandez, a microbiology post-doctoral Fellow, stayed up one evening to capture the flowering on the cover. There are all kinds of plants at Jefferson, and we feature some of them beginning on page 20.

Published four times a year, Fall, Winter, Spring, Summer
Second Class Postage Paid at Philadelphia, Pa.

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107

ADMISSIONS: Selecting the Best For Jefferson

In the past two years, numerous articles dealing with admission into U.S. medical schools have appeared in newspapers and magazines, citing the intensity of the competition and the pressures and frustrations the premedical student is experiencing in his quest for a medical school place. Actually, based on the ratio of the number of places available to the number of applicants, the competition today is no worse than it was some 25 years ago. In 1950, one in three applicants gained admission into a U.S. medical school, and in 1975 the ratio is the same (see Table 1). One difference, however, is that in 1950 about 15,000 applicants failed to gain admission, while in 1975 almost 27,000 were unsuccessful. In the unsuccessful applicant pool, there are many highly-qualified, strongly-motivated individuals with good academic

credentials, as reflected by grade point averages and Medical College Admission Test scores. Some continue in academic pursuits and try again, some enter foreign medical schools and others pursue alternative careers.

As can be seen in Table 1, the number of places in the first year classes of U.S. medical schools has risen rather steadily for the past 25 years. Today there are twice as many first-year places as there were 25 years ago and two and one-half times as many as 35 years ago.

The number of applicants to U.S. medical schools, however, has fluctuated through the years in an irregular pattern, and, correspondingly, competition for admission has also varied. For example, in 1961, considering the ratio of places available to number of applicants, an applicant had better than one chance in

two of being admitted, while in 1949, chances were worse than one in three.

Jefferson's experience has been similar to that seen nationally in that there were fluctuations in the applicant pool (closely paralleling the national pattern), an increase in the number of first year places (from 130 to 223 over the past 35 years) and variability in competition for places from year to year (ranging from one chance in seven to one in 22).

Data on the acceptance rate of an individual medical school are often alarming. For example, at Jefferson with an applicant pool of 4,688 in 1975 one of 21 applicants was admitted into the first year, while some medical schools (Case Western Reserve, George Washington, Georgetown, Loyola and Northwestern) report an even more frightening competitive picture with about 8,000 appli-



The Admissions Committee at work.

by Samuel S. Conly, Jr., M.D. S'44

cants each for a class size of 130 to 170. The disparity between national figures and an individual school's data is due to the fact that on the average a student submits applications to seven or eight medical schools. When looking at a single medical school's acceptance rate, it is easy to infer improperly that only a very small proportion of applicants nationally manages to gain admission while, in fact, as aforementioned, one in three applicants nationally gains admission.

Referring again to Table 1, it can also be seen that for the past three years the number of applicants to U.S. medical schools has remained fairly constant, despite all previous predictions that the number of applicants would continue to rise sharply year after year at least until 1980.

It could very well be that with pend-

ing legislation potentially adding considerably to a medical student's indebtedness, with rapidly rising tuition fees and dwindling financial aid, with the current problems besetting the medical profession and with perceived "cut throat" competition for places in medical schools, the number of applicants to U.S. medical schools will again next year not increase and, indeed, might start to decline.

In Table 2, the grade point averages and average scores on the Medical College Admission Test of applicants and matriculants at U.S. medical schools and at Jefferson Medical College are presented for years 1974 and 1975. These data are reported in order to provide information on mean academic credentials and to allow an individual the opportunity to compare his own

credentials with the average credentials of applicants and matriculants, both nationally and at Jefferson.

AMCAS

The American Medical College Application Service (AMCAS) under the sponsorship of the Association of American Medical Colleges is a nonprofit centralized application service for applicants to U.S. medical schools. AMCAS assists participating medical schools in the operation of their admissions offices by transmitting complete application materials for each applicant and providing useful rosters and statistical reports. All students applying to AMCAS-participating schools must apply through AMCAS. The applicant benefits by completing but one appli-



Chairing the meeting, Dr. Samuel S. Conly, Associate Dean and Director of Admissions since 1967.

Table 1

**Number of Applicants and First Year Places Nationally and At
Jefferson Medical College Since 1940**

First Year Class	NATIONALLY			JEFFERSON	
	Number of U.S. Medical Schools	Individuals Filing Applications	First Year Students	Individuals Filing Applications	First Year Students
1940-41	77	11,854	5,837	N/A**	130
1941-42	77	11,940	6,218	N/A	137
1942-43	76	14,043	6,425	N/A	153
1943-44	77	N/A	6,561	N/A	156
1944-45 (Jan.)	77	N/A	6,648	N/A	160
1944-45 (Oct.)	77	N/A	6,523	N/A	158
1945-46	77	N/A	6,060	N/A	154
1946-47	77	N/A	6,564	N/A	160
1947-48	77	18,829	6,487	N/A	166
1948-49	78	24,242	6,688	N/A	166
1949-50	79	24,434	7,054	N/A	166
1950-51	79	22,279	7,177	2,796	168
1951-52	79	19,920	7,436	2,625	170
1952-53	79	16,763	7,425	2,367	170
1953-54	80	14,678	7,449	1,956	171
1954-55	81	14,538	7,576	1,835	175
1955-56	82	14,937	7,686	1,795	176
1956-57	85	15,917	8,014	1,834	178
1957-58	85	15,791	8,030	1,748	178
1958-59	85	15,170	8,128	1,605	175
1959-60	85	14,952	8,173	1,489	177
1960-61	86	14,397	8,298	1,334	176
1961-62	87	14,381	8,483	1,252	176
1962-63	87	15,847	8,642	1,377	175
1963-64	87	17,668	8,772	1,739	178
1964-65	88	19,168	8,836	2,322	176
1965-66	88	18,703	8,760	2,144	176
1966-67	89	18,250	8,991	2,037	176
1967-68	94	18,724	9,473	2,308	186
1968-69	99	21,118	9,863	2,777	192
1969-70	101	24,465	10,422	2,984	192
1970-71	103	24,987	11,348	3,339	212
1971-72	108	29,172	12,361	3,193	212
1972-73	113	36,135	13,677	3,880	223
1973-74	114	40,506	14,124	4,442	223
1974-75	114	42,535	14,436	4,914	223
1975-76	114	41,345	14,800°	4,688	233

° = Estimated

°° Not Available

cation if applying to AMCAS schools; the schools benefit by receiving a series of updated, computerized, standardized summaries and by having the applicant's recorded courses and grades verified against official transcripts.

Jefferson first started to participate in AMCAS in 1974, when 74 U.S. medical schools participated, and continues to participate. In 1975, 83 schools participated and, in 1976, 86 schools will participate.

Application and Requirements

In addition to the AMCAS forms, Jefferson asks supplemental information for its particular use. Letters of recommendation also are sent directly to Jefferson's Admissions Office. Letters from a college preprofessional committee or premedical advisor are preferred, but letters from individual faculty members, including one from biology, chemistry and physics, are permitted if no official committee exists. November 15 of the year prior to the year of desired entrance is the applications deadline.

A high school diploma or equivalent is required for admission, and preference is given to applicants with a baccalaureate degree from an accredited college or university in the United States. Occasionally, unusually well-qualified candidates are admitted after completing a minimum of 90 college semester hours. A variety of courses in the natural and social sciences is recommended, with specific requirements of one year each of english composition and literature, general biology or zoology, physics, inorganic chemistry and organic chemistry, with all sciences including laboratory work. Before a student matriculates at Jefferson, all undergraduate academic requirements must be completed.

The Committee on Admissions

The Committee on Admissions at Jefferson is appointed annually by the Committee on Committees of the College. There presently are 26 members of the Committee: six from the pre-clinical faculty, 14 from the clinical faculty, two who hold appointments in both the clinical and pre-clinical faculty and the Registrar. Three students with full vot-

ing privileges also are appointed.

The Committee is now working on admissions for the first year class entering in 1976. Meetings and interviews for this class began in July, 1975 and will continue until May, 1976. The Committee meets every Wednesday from 12:30 to 2:30 p.m. At the same time the Committee is meeting, applicants who have been invited in for interviews meet with Jefferson students who answer questions, talk about Jefferson and conduct a tour of facilities. Student Council sponsors this program. From 2:30 p.m. on each member of the Committee interviews three to four individuals.

The Selection Process

Once an application for admission is received at Jefferson, and the supplementary material which was mailed out by Jefferson to the applicant has been returned, and the required letters of recommendation have been received, the first decision the Committee on Admissions must make is whether or not the applicant is to receive an invitation for interview. With some 4,700 applications, it is impractical to interview every single applicant no matter how deserving, and the Committee is reluctantly forced to limit the number of interviews to about 1,000 per year. The 1,000 interviewees are the applicants who in the opinion of the Committee are in the most competitive position for places in the class. Only those who have been interviewed are offered acceptance into Jefferson, but an invitation for interview is not tantamount to acceptance since one of four interviewed eventually matriculates.

Initial screening of an application involves careful review of the information provided by the applicant, of performance in college, of attainment in the Medical College Admission Test and of the required and optional letters of recommendation. A subcommittee of the Committee on Admissions spends many arduous hours in screening applications and deciding on whether or not to extend an interview. Two main considerations are foremost in the minds of those making these decisions: what evidence is there of the applicant's academic aptitude and achievement and what are

his or her personal qualities, including motivation for medicine.

The interview serves several purposes: 1) information about the applicant can be verified and clarified; 2) the applicant can explain unique and complicated aspects of his application; 3) the applicant can become better acquainted with the medical school; and 4) appearance, intellect, ability to communicate, personal qualities, including motivation, can be assessed at first-hand. The main thrust of the interview at Jefferson is to assess personal qualities. Since there are far more acceptable applicants than places in the class, the interview aids in deciding what applicants will be most likely to profit from Jefferson's educational programs.

Applicants who in initial screening are not considered competitive are rejected or placed in a hold situation pending receipt of additional information, such as new grades or new scores in the Medical College Admission Test. Applicants who have been interviewed are decided upon by the Committee on Admissions at the earliest possible moment, usually the next meeting following the interviews; actions include rejection, alternate list, defer for additional information, or acceptance.

It is important to point out that selection is not a computer process and that assessment of personal qualities weighs as heavily as assessment of academic aptitude and achievement in the total evaluation of an applicant. The Committee on Admissions agonizes long hours in its discussions and consideration of applicants.

Grades

College grades are still a good predictor of success in medical school. No one will argue that grades correlate well with worth as a physician but in order to become a good physician one must get through medical school. In addition, in the highly competitive admissions procedure, it is difficult to defend the admission of a student with low or mediocre grades and the denial of a place to a student with superior grades, other factors being similar. The Committee recognizes that grading varies from college to college and even from department to department within the same institution

so that grades are weighed in accordance with the Committee's experience and knowledge of the various colleges. The Committee in looking at grades also notes whether the academic load has been light or heavy; whether the work has been in advanced courses, honors programs, or regular courses; whether grades have risen, fallen or remained at the same level year by year; whether the student is a balanced achiever; and whether grades have possibly been influenced adversely by illness, extra-curricular activities, employment, commuting, personal problems, home circumstances and so forth. The Committee looks at all grades, both science and non-science, and attempts to identify patterns of strength and weakness. Heavier weight is given to science grades because of the nature of the medical curriculum and because science grades correlate better with performance at Jefferson than non-science grades. Grades give a great deal of information about the applicant's scholastic potential and serve as a measure of the applicant's ability and motivation to achieve. There is good reason to have a high degree of confidence in grades since repeated studies show a positive correlation between

scholastic average and successful completion of medical school.

Medical College Admission Test

The MCAT is a nationally standardized test utilized by almost all U.S. medical schools to help in assessing an applicant's ability to handle medical school course work. The MCAT is an objective measure of general and specific academic aptitude. It is divided into four parts and scores ranging from 205 to 795 are provided for each part. The Verbal Ability subtest measures knowledge of vocabulary and ability to perceive verbal relationships. The Quantitative Ability subtest measures ability to apply basic mathematical principles. The General Information subtest measures overall cultural knowledge, including the social and behavioral sciences. The Science subtest measures knowledge of physics, chemistry and biology.

The Office of Medical Education at Jefferson among its many activities is conducting an extensive longitudinal study of Jefferson students. (see page 18). One aspect of the studies being carried out is criterion validation of measures currently employed to predict success in medical school. Of all of the param-

ters used in the admission of students into Jefferson, the Science score on the MCAT correlates best with performance in the preclinical years. When the Committee on Admissions reviews the preadmission credentials of students at Jefferson in academic difficulty a common denominator noted is an MCAT Science score below the 555 level. An applicant to Jefferson today to be competitive must attain a Science score minimally in the high 500s or higher.

MCAT scores are supplementary to college grades in providing important information about academic aptitude and achievement. An admissions committee is more comfortable when both are of high caliber. When there is a discrepancy between grades and MCAT scores the Committee is concerned and diligently seeks answers to explain the variance. In the instance of high grades and low MCAT scores, possible explanations include: illness or emotional disturbance on the day of the test, lack of previous experience with this type of test, reading problems, disadvantaged background, low academic aptitude compensated for by long hours of study, and low standards of the college and thus inflated grades. Where MCAT



Drs. Allen Chandler, Albert Sedar and Registrar Arthur Owens (left to right).

scores are high and grades are low, possibilities are: too many extracurricular activities, too many hours in part-time work, questionable motivation toward medicine, sheer laziness, curriculum overloading, emotional problems, conflict with teachers and/or administration, absenteeism (illness or deliberate) and poor teachers (in individual subjects).

The MCAT is currently under extensive study by the Association of American Medical College (AAMC). It does not and cannot in its present form measure motivation and personal characteristics. Studies are underway through the AAMC's Medical College Admissions Assessment Program (MCAAP) to modify and expand the MCAT to provide more information than that currently given, which concentrates on the basic question of who would or would not succeed in medical school. The MCAT has assisted in lowering the failure rate in the basic sciences of the medical curriculum and has been a factor in reducing attrition in U.S. medical schools from 11 percent ten to fifteen years ago to about four percent today.

Admissions committees need better methods of identifying and measuring

characteristics in applicants which are predictive of their performance in clinical situations. Attempts are being made to develop and to incorporate into the MCAT of the future tests for assessing non-cognitive attributes.

In 1977, the Science subtest of the MCAT will be replaced by separate tests in biology, chemistry and physics. The General Information subtest will be deleted and the Quantitative Ability subtest will be continued as an Analysis of Quantitative Skills Test. The Verbal Ability subtest will be changed to an Analytical Reading Test to assess various reading skills considered essential for medical school and continuing medical education. The new examination, thus, will assess achievement in reading, quantitative skills, biology, chemistry and physics. The tests will represent a marked departure from the current MCAT in content, types of questions and score reporting. The intent is to do a better job in assessing skills and knowledge considered to be important prerequisites for medical school. More emphasis will be placed on interpretation of data and problem solving, rather than just testing for factual knowledge.

Non-Cognitive Attributes

Admissions committees will warmly welcome whatever help MCAAP tests will be able to provide in the future in better assessing personal qualities (non-cognitive attributes) of applicants. The most difficult task in admissions is judging motivation and personal qualities. We cannot even define a good physician. Even if we could and were able to identify all of his attributes, the state of the art has not reached the point where these attributes can be measured accurately and validly.

The problem is compounded by the recognizable differences in personality traits between surgeons, psychiatrists, internists, medical research scientists and the many other practitioners in various fields. However, there are basic non-cognitive qualities essential to all physicians: honesty, integrity, motivation, perseverance, good judgment, sincerity, concern for others, personal stability, ability to relate to people, emotional maturity, sense of responsibility, self-discipline, self-confidence, adaptability, tolerance, sensitivity, willingness to sacrifice, dedication, decision-making ability, stamina and all other qualities not included in the



*Drs. Abraham Freedman,
Charles Panos, and Samuel
Guttman (left to right).*

The class of 1979 is bright, diverse and down to earth

The typical profile of this year's composite freshman class would describe an unmarried, white male from Pennsylvania. His father and/or other male relatives are members of a profession and his mother is a housewife. Interested in music, he was a Dean's list biology major as an undergraduate. He is personable, makes a good appearance and has some previous working exposure to the medical milieu.

The most atypical member of the entering class sounds like a composite but is in fact a very real individual. A major in Slavic languages and Russian studies with a Master's degree in nutrition, he has, among many other things, lived the Zen monastic life in Japan and Korea, been Tokyo editor of the *Encyclopedia Britannica*, a Fulbright scholar, civilian head of an Army drug rehabilitation program and a pineapple picker. He also is

the head of his own export-import antique business and sells graves in Hawaii.

Statistically, the class of 1979 is made up of 223 people, 162 of whom are Pennsylvania residents. These 223 were among 337 accepted by Jefferson from an applicant pool of 4688. The class has nine blacks, six orientals and 46 women. The average MCAT scores are 583 on Verbal Ability, 635 on Quantitative Ability, 562 on General Information and 644 on Science. Several class members received perfect 795 scores on the different exams. The mean cumulative grade point average of the entering freshman is 3.50.

The class comes from a wide variety of undergraduate schools, many from small liberal arts colleges, but with the Ivy League and seven sisters schools, Berkeley and Stanford all represented. Two men are graduates of the Naval Academy. While the majority of class members majored in one of the sciences in college, there were several engineers, a Chinese major, one major in religious studies, one major entitled "the socialization of man" and one MBA from Wharton.

Those who believe American youth are irreverent, anomic and hell-bent will be gratified to hear of the number of former Scouts, both Boy and Girl, who are freshmen at Jefferson. One man even received the Eagle Scout's "God and Country" award. In addition, a large number of the class mentioned religion or religious activities as important aspects of their lives. Relatively few spoke of political or social cause commitment, and while some had worked on various election campaigns the most political action seemed to be seeking a seat on the Pennsylvania Higher Education Commission. Of those who mentioned political activism, only one admitted to being a Republican.

Virtually everyone had worked for a living at some point, even if it were only during the summers, and work experience was hardly run of the mill. One person had worked for a year in Kenya studying the sleeping patterns of East Af-

rican mammals. There was a veteran of an ABC TV camera crew who had helped cover the 1972 Democratic convention, a mover for United Van Lines, a professional drummer, a worker in a kayak construction factory, a caretaker for an orange and avocado grove and a rigger's helper. Women reported jobs as solderers and service station attendants, but a man reported directing a day care center. In addition to the many paid and volunteer hospital and allied health workers, the class contains one professional social worker and another who since the age of nine had helped her parents run a clinic in the Arabian sheikdom of Abu Dhabi. An automobile tire curer, an inspector for the London Harness and Cable Co. and a choker-setter on a logging crew round out the list.

The class contains many of musical inclination and two who listed the study of acupuncture as a hobby. There is a semi-professional magician. One man is a member of the Universal Ship Cancellation Society and another of "Trout Unlimited." A number of people have published scientific papers, but one is a published science fiction writer and another won national recognition for a paper on film critique. Sportsmen also abound, including an AAU swimmer, a sport parachutist, a target archery champion, co-leader of a group of white water kayakers (not the same person who worked in the kayak factory) and a man who turned down pro football contracts with the New England Patriots, Dallas Cowboys and Oakland Raiders to come to Jefferson.

Families are also represented at the College, with one married couple accepted into the class, 46 alumni sons and daughters, roughly 70% of the 68 who applied, and one man the fifth generation of his family to attend JMC. The children of eight faculty members and the Director of Personnel at Jefferson are also numbered in the entering class. Both the mother and father of one freshman received their Ph.Ds from Jefferson.

And finally, the daughter of the Dean of a sister medical school is a freshman at Jefferson.

list but on which there would be common agreement.

Lacking precise measuring techniques, the Committee on Admissions evaluates personal traits as best it can by studying faculty reports from colleges, scholastic performance, information provided in application forms, autobiographical sketches, interviews and information from alumni and other respected members of the community. The Committee is vitally interested in assessing non-cognitive attributes and expends a great deal of effort in this direction.

Geographic Considerations

Since Jefferson receives a substantial portion of its operating funds from the Commonwealth of Pennsylvania, at least 70 percent of each first year class consists of bonafide Pennsylvania residents. Data for the past few years are provided on Table 4 illustrating the preferential admission of Pennsylvania residents.

The Admissions Office realizes that determining residency is not always a straight-forward matter and it therefore follows a rather complicated set of guidelines which appear in the catalogue and admissions brochure. If the Committee's initial determination is not accepted by the applicant, final assessment is made through an appeals procedure.

Admission of Women

Women were first admitted into Jefferson Medical College in 1961. In Jefferson's admissions procedure no distinction is made between men and women. Both are treated equally without regard to sex. Ten years ago there were 153 applicants, 30 were accepted and 13 matriculated. In 1975 the applicants numbered 995, 65 were offered acceptances and 46 entered the freshman class this fall. The number of applicants, places offered and matriculants has increased each year.

Minority Admissions

Jefferson welcomes applications from well-qualified minority students and actively recruits in this direction. The majority of Jefferson's minority applicants are black.

A minority applicant to Jefferson with good personal qualities, strong motivation for medicine and good aca-

demic qualifications, as reflected in undergraduate grade point average and Medical College Admission Test scores, has an excellent chance of being offered an acceptance for admission to Jefferson. Nationally, one in two black applicants is admitted to U.S. medical schools. Admission data at Jefferson reflect a fluctuation from year to year in both applicant pool and matriculants. In 1968 18 black students applied, six were offered a place and two accepted. This past year 103 applied, 22 were accepted and nine matriculated.

Effective September 1, 1975 James H. Robinson, M.D. became Associate Dean for Minority Affairs. His prime responsibilities will be in recruiting minority applicants and counseling minority students during their years at Jefferson (see page 16).

A Message to Alumni

The applications of sons and daughters of alumni receive most careful attention and consideration. Every opportunity is given to the alumni-related applicant with acceptable qualifications to gain admission. Data are presented in Table 5 regarding the number of applicants and matriculants who are offspring of Jefferson alumni. The Director of Admissions is available to give advice and counsel to sons and daughters of alumni and the Committee on Admissions readily grants interviews. However, on the matter of interviews the Committee finds itself in a dilemma, particularly in the case of the applicant with non-competitive credentials and no hope for admission. If the son or daughter is not interviewed, the Committee is criticized: "The least you could have done was to extend an invitation for interview." If an interview is conducted, the Committee is also criticized: "Why did you have him or her in for an interview, raise hopes thereby and then reject him." Neither approach satisfies and the Committee sees the matter as one which will continue to recur in the future.

Another matter which keeps recurring involves the writing of letters of recommendation by alumni in behalf of applicants for admission. The Committee welcomes such letters and thanks

the alumni for their input. The Committee recognizes the disappointment when an alumnus' candidate is denied admission. In 1975 letters of recommendation were received from 318 alumni. Even if the Committee restricted its favorable consideration only to those applicants recommended by alumni, and obviously it cannot, with 223 places in the first year class there are simply insufficient positions to satisfy all of the applicants with alumni recommendations. Please continue to write letters but recognize the extremely difficult task an admissions committee faces. Please give the Committee all the information you can about an applicant's personal qualities, using anecdotal incidents as illustrations of his or her non-cognitive attributes if at all possible.

Early Decision Program

Since 1974 Jefferson has been a participant in the Early Decision Program (EDP). The Early Decision Program is designed for the applicant with strong credentials who knows for a certainty that he or she wants Jefferson as first choice of all medical schools. It is a procedure by which an applicant may request and receive an early decision regarding his application. Application is made prior to August 15 and decision must be reported before October 1 of the year prior to the date of anticipated matriculation. A student applying under the Early Decision Program may not apply to any other U.S. medical school until decision is made on his or her application. He or she must attend that school if it offers a place during the Early Decision segment of the admission year. Data are reported in Table 3.

Physician Shortage Program

In the 1974 first year class there were 12 students and in the 1975 first year class there were another 12 students in the Physician Shortage Area Program which is designed to educate medical students who intend to enter family medicine and practice in physician shortage areas, especially in rural communities and the inner cities of Pennsylvania. These students certify their intention to adhere to the following plan of training and practice: the family medicine curriculum during

undergraduate medical education, a three-year family medicine residency training program, and then the practice of family medicine in an underserved area. Preference is given to Pennsylvania residents who actually reside at the time of application in the underserved area in which they expect to practice. Students who enroll in this program are considered for tuition loans with forgiveness features, based upon years of medical service in areas identified as lacking ade-

quate medical care. In addition to the required premedical letters of recommendation submitted with a regular application, students applying for this program must furnish additional letters from three community leaders in a medically underserved area attesting to the applicant's personal qualities and to his commitment to enter family medicine and practice in a physician shortage area. The physician shortage area counties in Pennsylvania to which the selected stu-

dents will return to practice include the following:

1974		1975	
Armstrong	1	Adams	2
Cameron	1	Beaver	1
Centre	1	Bedford	2
Crawford	2	Clearfield	1
Fayette	1	McKean	2
Green	1	Philadelphia	1
Juniata	1	Pike	1
Perry	2	Snyder	1
Somerset	1	Westmoreland	1
Westmoreland	1		

Table 2

Average Academic Credentials of Applicants and Matriculants

		NATIONAL		JEFFERSON	
		Applicants	Matriculants	Applicants	Matriculants
GPA*	Science	3.25	3.45	3.17	3.52
	Non-Science	3.20	3.47	3.28	3.48
MCAT 1974	Verbal Ability	535	564	555	572
	Quantitative Ability	576	612	593	621
	General Information	533	560	551	568
	Science	559	605	581	625
GPA	Science	3.19	3.49	3.22	3.52
	Non-Science	3.30	3.51	3.34	3.49
MCAT 1975	Verbal Ability	541	577	563	583
	Quantitative Ability	582	622	605	635
	General Information	527	553	543	562
	Science	566	619	593	644

*Grade Point Average

Table 3

Admissions Data on the Early Decision Program

NATIONAL			JEFFERSON		
	Number of Schools Participating	Number of Applicants	Number Entered	Number of Applicants	Number Entered
1974	51	1,719	628	36	12
1975	59	1,929	857	45	22

Accelerated Program

In 1963 a cooperative effort was initiated between Jefferson Medical College and the Pennsylvania State University to enable selected, highly-qualified students to earn both the B.S. and M.D. degrees in five calendar years after graduating from high school. The students spend the first five terms on the University Park Campus and then proceed to Jefferson, returning to Penn State

for two further summer terms after the freshman and sophomore years at Jefferson. Up to 40 students each year enter Jefferson's first year class in this program.

To be considered for the cooperative program, an applicant must be in the highest tenth of his or her high school class and must present a total score on the Scholastic Aptitude Test of 1350 or higher if a Pennsylvania resident, or 1400 or higher if an out-of-state resident.

The accelerated program has been

extensively studied over the past 12 years and studies are continuing into internships, residencies and practice. It will take several more years before final assessment of the program can be made.

Jefferson-Delaware Program

A joint medical education program, administered by the Delaware Institute of Medical Education and Research, was initiated in 1970 between Jefferson Medical College and the State of Dela-

Table 4

Admissions Data on Pennsylvania vs. Out-of-State

Applicants and Matriculants at Jefferson

Year	APPLICANTS				MATRICULANTS			
	Pennsylvania Residents		Out-of-State		Pennsylvania Residents		Out-of-State	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1972	1,498	39	2,382	61	173	78	50	22
1973	1,670	38	2,776	62	158	71	65	29
1974	1,769	35	3,145	65	155	70	68	30
1975	1,978	42	2,710	58	160	72	63	28

Table 5

Admissions Data on the Sons and Daughters of Jefferson Alumni for the Past Ten Years

Year	Number of Applicants	Number Offered Acceptance	Number Entered
1966	52	21	16
1967	36	21	13
1968	36	10	9
1969	50	21	17
1970	56	29	23
1971	54	28	24
1972	81	42	38
1973	87	41	36
1974	100	51	38
1975	68	46	46

ware. The cooperating partners are: University of Delaware, Wilmington Medical Center and Jefferson Medical College. This program provides for up to 20 places for qualified Delaware residents for each first year class at Jefferson Medical College.

Financial assistance is available to students in the program through appropriate state funds in the form of a subsidy as scholarships and loans, administered by the Delaware Academy of Medicine.

All students at Jefferson Medical College are assigned to affiliated hospitals for a substantial part of their clinical clerkships; participants in the Jefferson-Delaware program are expected to serve a major portion of their clinical clerkships at the Wilmington Medical Center and other Delaware hospitals affiliated with Jefferson Medical College.

All applicants must be bonafide residents of the State of Delaware, according to the same criteria as in effect at the University of Delaware and must complete a supplementary application for the Jefferson-Delaware Medical Education Program.

Hints for the Applicant

The following advice is offered to stu-

dents who are entering college or are already in college and are planning to apply for admission to medical school:

1. Obtain a copy of Admission Requirements of U.S. Medical Schools from the Association of American Colleges, One Dupont Circle, N.W., Suite 200, Washington, D.C. 20036 (price \$5.00) and familiarize yourself with the contents.
2. Arrange your undergraduate pre-medical programs so that all required courses for admission are completed by the end of your junior year.
3. Take the Medical College Admission Test in May as your junior year is ending. Repeat the test in October if you are not satisfied with your scores.
4. Apply to medical school in July after your junior year.
5. Do not leave the blank page of the application blank; provide information that will help an admissions committee to get to know you better.
6. See that the required letters of recommendation are received soon after your application is submitted.
7. Do not flood your application with excessive numbers of optional letters; exercise good judgment in this regard.
8. For your own benefit, so that you

can know your interest is not strictly romantic, get some direct exposure to medicine.

9. Participate in extracurricular activities; they provide a broadening experience and develop leadership qualities.

10. Be yourself during a medical school interview. There are no "right" or "wrong" answers. In the limited time available, the interviewer is trying to get to know you better, to learn more about your personal qualities. Neatness in dress and grooming is a plus.

Summary

The foregoing report provides a bird's-eye view of admissions at Jefferson Medical College. A great deal more could be written. No one has the magic formula for selecting medical students. Much attention is being given to the identification of non-cognitive attributes, but refined tools for valid measurement are still unavailable. An admissions committee of 26 members, with dedication and commitment, and in a democratic fashion, and under diverse pressures, struggles unceasingly with the unenviable task of selecting the best students for Jefferson Medical College.



*Drs. Gabriel Ceron,
Thomas Koszalka,
James Robinson,
Nancy Roberts,
Gordon Schwartz and
David Scott
(left to right).*

The Genesis of England's National Health Service

by Dr. Richard A. Chambers

The beginnings of the National Health Service in England are relevant in today's circumstances in the United States, not so much in the facts and events of that time but in the emotions of those days and their impact upon public policy in matters of health.

Now this, like any history, has to begin somewhere and I propose to start in 1939 when a decade of administrative ineptitude in domestic and foreign affairs ended with the British Empire at war, a war in which almost all the Allies were on the other side, an achievement unmatched by British statesmen since 1776.

It was also a year that marked a change in the minds of the British electorate, a change which was neither recognized nor registered upon the practice of English politics for six years, until the post-war election. It is the nature of this change and its impact upon the organization of medicine that I shall discuss.

The record of the government had been no better in domestic than in foreign affairs. The well-to-do could afford whatever medicine they needed. The Trade Unionists, one-quarter only of the workers, had excellent health schemes. For the rest, a man earning less than \$1600 a year was insured, but not his wife or children, against illness. The others did the best they could at a time when stays in hospital were not uncom-

monly measured in years. There was virtually no effective private insurance and few voluntary agencies to help those suffering from calamitous illness—the Quakers ran a mental hospital, a shipbuilder a hospital for children, and the monarch himself a tuberculosis hospital. To such hospitals admission was as difficult as to Noah's Ark.

Proposals for change had, for years, been made by the mavericks of all parties and denounced by the right thinking as impractical, impossible and unsound. Their proposals at once became sound, possible and practical in wartime. An Emergency Medical Service was organized. Trade Union membership doubled and re-doubled spreading medical benefits to all the new members. The unemployed man, 14% of the work force, living on a dole to be reduced if wife or daughter got a job, was paid extra for that wife and daughter when he joined the Services. All the youngsters went into the Armed Forces whose medical services boasted achievements which, while not the equal of the near miracles lately seen in Viet Nam, were, in their day, the pride of our profession. No one could again convince those who benefited from these changes—more than half the population and almost 100% of those less than 40—that private enterprise was the only effective way in which medicine could be organized.

It was upon this background that, at the worst moment of the war, the government published a proposal to overhaul the nation's Social Security System. This suggested an insurance scheme for all—from the cradle to the grave, it was said—family allowances, unemployment pay, severance pay, pensions, medical and burial insurance—the lot. Chancellors and ex-Chancellors of the Exchequer predicted a "cost effective" disaster. Mr. Churchill circulated memoranda stating that he would not try to implement these measures during the war nor make any firm promises about the post-war period.

The mavericks at once made themselves the advocates of this report and demanded immediate legislation.

Dr. Gallup showed that nine out of ten of the public supported the proposals. All were convinced that no Tory-dominated government would make the report a reality, yet no member of the government guessed the vast impact which that report had made upon the country. There was for the remainder of the war a clash between the obduracy of the government and the demands of its opponents.

There was thus aroused a fierce, radical impulse that had not been seen in Britain for decades. What is more, that impulse was articulated by a group of politicians, Marxist to a man, untarnished by association with either the pre-war policies of disaster or the domestic hesitations of wartime. It was due to them that, in the post-war election, the Socialists won a majority over all their opponents combined and could set out to implement the proposals that had fired the imagination of the British.

It was an astonishing victory which freed an enthusiasm and hope that the energy and discipline of wartime could now be applied to the purposes of peace and of social reform for which the country had voted. The instrument chosen to execute these reforms was the Socialist Party and, particularly, that part of it which had been opposed to the staid labor and conservative politicians who ran the country for 15 years.

These men, new to power, were Marxists. Their political views were defined in terms of the class struggle and their aim was to transform society, completely and finally, so that it could not be changed back even if they were to lose power.

Marxists they might be, but they were also British non-conformists, with a puritanical devotion to the liberal virtues. Their particular dilemma, then as now, was how to combine with the Marxist view of the state, the right to debate, to disagree and the right to heresy. It is curious that Marx, among many prescient things that he said, claimed that only in England might the social revolution be effected by peaceful and legal means.

For all that it was the outspoken intention of the government to transform

Dr. Chambers was appointed Professor of Neurology and Chairman of the Department in 1966. Excerpts of his talk given at Opening Exercises September 3 are reproduced.

English society irretrievably, the only one of all the social programs to be opposed by the other parties was the introduction of a National Health Service. One may wonder why. Both parties, of course, knew perfectly well that a nation's health and sickness are determined, not by its system of doctoring, but by the social order, by the behaviors that it adopts and that are adopted for it, and by its environment. Every country's system for the provision of medical care reflects these things. The debate over the national Health Service then, was as much about the kind of society, as about the kind of medical system, that the English should enjoy. The answer was given in economic terms, equal and uniform services for all, funded from revenues of general taxation and not by insurance premiums.

I believe, though, that there is more to this question of why the organization of medicine was the political battlefield of those days. There is, first, the evident fact that the three learned professions of the traditional university—medicine, the church and the law—have been the targets, so to speak, of Marxists everywhere. Second there is, I think, a basic philosophic conflict between a biological, or at least a Darwinian and a Marxist view of man—and medicine is nothing if not biological.

However that may be, the future administration of medicine was the political issue of those days and it gave rise to bitter debate. Much of the bitterness was vented upon the medical profession which became an object of general dislike. It was not that the patient disliked or distrusted his own doctor—as a matter of fact, he didn't—but he very much disliked what he thought he knew of, for example, his sister-in-law's cousin's doctor. And as cousins, we are told, are reckoned by the dozens, the profession came in for a lot of hostility, on the grounds that its prosperity was based upon the misfortunes of others and that, apart from one's own, doctors were a disobliging group of people. It will not escape you that there is now a very similar attitude to the medical profession in the United States.

The actual details of the Nation-

alization, as it is called, of medicine are quite straightforward. First, all the hospitals in the country were taken over. This decision had the enthusiastic, if covert, support of all hospital administrators who were at one stroke relieved of their budgetary worries. It also had the enthusiastic, and not so covert, support of the grocers, the butchers, the fishmongers and the laundrymen who were worrying about when they were going to get paid.

The next step was to get the leaders of the profession, that is to say, the consultants, into the Health Service, for without them it would be a very second class affair. This was achieved firstly by treating their hospitals, the teaching hospitals, advantageously, and separately from other hospitals. Secondly, the Minister, as he so delicately put it, stuffed the consultants' mouths with gold.

Finally, the Minister dealt with the British Medical Association and its army, the general practitioners. He met their stated objections with sufficient accommodation for a minority of them to vote to join the Service. This minority vote enabled the leaders of the British Medical Association to say that they would no longer oppose the government's plans. And at once, from being the ardent and undying enemies of the National Health Service, these same leaders of the British Medical Association became the ardent purveyors of that same Service.

In the course of this debate feelings ran very high as I may illustrate by telling you a story of the hospital in which I was then a resident—which was also the hospital that looked after the officers of Scotland Yard. This hospital faced the House of Commons across the Thames and the residents thought that the politicians should know that we, too, were participants in the debate. We decided to paint, upon the Thames embankment, slogans setting out our views so that the politicians might be aware of them at all times.

To accomplish this we asked our patients, the officers of Scotland Yard, for the schedule of the River Patrol and one night, at the appropriate time, lowered ourselves over the embankment,

painted our slogans in five foot letters on the wall, retreated to our House Officers' mess, notified the newspapers that there would be something for them to photograph at dawn and went off to bed. Next day photographs of our work adorned the front pages of all the London papers. The Minister was furious and asked his colleague in charge of the police to deal with the miscreants. Detection was no problem. We had left a trail of drops of paint which the police followed to our mess. They drank our beer—free it was from Guinness Brewery in those days—and told us of the fury raging in the Minister's heart. They also told us they were not going to arrest us and had indented for a larger budget for the River Patrol. The incident, therefore, ended comfortably and, as our slogans were covered with tarpaulins, the politicians soon settled down again. Nonetheless, it was quite ridiculous—as though the Secretary of H.E.W. asked the Attorney General to get the FBI to arrest the Georgetown Hospital residents for laughing at the United States government.

That, in brief, is the story and the atmosphere of those days. I have not time to develop the analogies with the present situation in the United States—disillusion with the political failures in domestic and foreign affairs, unnecessary war, fear of the economic effects of illness, inadequate insurance, resentment against doctors and financial troubles of hospitals—nor to emphasize the contrasts—the clash of opposing political philosophies, the existence of a radical political alternative and the emphasis, in this country, upon lawyer's solutions of political questions—nor to discuss whether there is, indeed, a change in the minds of Americans, as yet unrecognized and unrecorded in an election.

Nonetheless, these are the factors that will determine the nature and conditions of your working lives and the future of your professions. If I might quote once more from Karl Marx—he said that history is played twice, the first time as tragedy and the second time as farce. It will be partly your job to determine if he was right.

the jefferson scene

new chairmen

Dr. Leslie L. Pratt '53, who became Professor and Chairman of the Department of Otolaryngology at Jefferson on July 1, sees himself primarily as a clinician and educator. Although he professes a desire to get the Department organized and return administrative responsibilities to their proper priority, his enthusiastic plans for building his Department at Jefferson imply a natural administrator.

Because the day of the classic clinic, and therefore the classic clinic patient, is gone at Jefferson, the best educational programs can be frustrated without an active volunteer faculty who are committed to bringing their patients to Jefferson for teaching purposes. Encouraging such a commitment from area otolaryngologists is Dr. Pratt's first goal. "At present we are allocated few beds in the Hospital, and it is difficult to run a residency program with such limitations. I'd like to create an atmosphere in the Department that physicians will find both pleasant and challenging and to which they will be willing to volunteer a little of their time. I've been assured that as our need grows, our space in the Hospital will grow with it."

In conjunction with this, Dr. Pratt hopes to invigorate the residency program and make it dynamic enough to attract some of the best students from Jefferson and elsewhere. Currently there are nine residents in the Department. One of the difficulties in attracting students to specialize in otolaryngology is the fairly minimal exposure to the subject which they are now offered. In the junior year, for instance, there are neither courses offered nor electives permitted in the subject. Dr. Pratt has begun negotiating for additional scheduling, pointing out that his specialty is particularly relevant to the study of family medicine, internal medicine and pediatrics. He intends to structure an elective that will be challenging enough to be a popular choice.

The new Chairman also plans to start an auditory rehabilitation center for the hearing handicapped; he expects research to expand as well. At present there is ongoing research in ear disorders and nerve deafness rehabilitation. Dr. Pratt himself has done considerable research in the areas of immunotherapy and cancer of the head and neck. He hopes to institute cancer research in his specialty at Jefferson and to promote interdepartmental projects with chemotherapists, bacteriologists, radiologists and others.

Previously an Associate Professor of Otolaryngology at Washington University School of Medicine in St. Louis, Dr. Pratt returned to Philadelphia because the area is home both to him and to his wife, Elaine. He took his residency and a Fellowship in otology at Temple University following his graduation from Jefferson and spent some time as a general practitioner in Merchantville, New Jersey. He also holds a Master's degree in otolaryngology from Temple. With their daughter and son away at college and private school respectively, the Pratts wanted to rejoin other family members who had remained in the Philadelphia area.

Dr. Pratt is a Fellow of the American Academy of Ophthalmology and Otolaryngology and the American College of Surgeons. He holds membership in the Society of University Otolaryngologists, the American Laryngological,

Rhinological and Otological Society and the American Society for Head and Neck Surgery, among others. In addition to the research interests mentioned previously, Dr. Pratt has been particularly active in conservation surgery of the larynx, a procedure developed by a colleague at Washington University, Dr. Ogura.

A first-rate Department of Otolaryngology at Jefferson is Dr. Pratt's ultimate goal, and one he feels the Medical College can attain. "There is a real potential here at Jefferson," he says, "and I'm sure we'll be able to fulfill it."

* * *

Excellence is, of course, every chairman's goal, and Dr. James H. Lee, '45 who had been Acting Chairman of the Department of Obstetrics and Gynecology and became Chairman as of July 7, sees the residency program as the most important single factor affecting a department's quality. In addition to increasing the number of residents, enriching the structure of the program both with regard to education and service and expanding affiliate arrangements to include resident rotations at Einstein Daroff and Our Lady of Lourdes Hospital, Dr. Lee intends to implement a fairly wide range of other changes in the Department.

He has begun, for instance, to organize a divisional structure within the Department, both in teaching and patient care. A division of endocrinology and Fellowships in the subspecialty have already been developed and both are planned in the areas of gynecologic oncology and maternal/fetal medicine. He has also reorganized the administrative structure, incorporating hospital outpatient care into departmental medical practice.

Developing a better definition of objectives in undergraduate education and different techniques to help students meet these objectives is another of Dr. Lee's aims. He hopes to improve methods of student evaluation and increase student interest in the discipline as well. Lack of research has been a consistent problem in the Department, but an expanded program is planned, particu-

larly in the area of gynecologic oncology. Jefferson has been selected as the site of a multi-institutional Gynecologic Oncology Group, which should create interest and insure a favorable environment for related research. Student and resident teaching programs in the subspecialty are planned, with an emphasis on an interdisciplinary team approach to gynecologic oncology.

Cooperative arrangements already exist with the Pediatrics Department in the area of neonatology, particularly the intensive care nursery. With the nursery, intensive care units in the labor and delivery rooms are the basis of a regional center for high risk obstetrics scheduled to open at Jefferson soon. Other natural areas of collaboration will be explored, such as the new Ob/Gyn rotation for Jefferson Family medicine residents.

Dr. Lee, who is a Board-certified obstetrician/gynecologist and a member of many professional societies including the American College of Obstetricians and Gynecologists, the Association of Military Surgeons and the Philadelphia Obstetrical Society of which he is Vice-President, came to Jefferson in 1973. He had been Professor and Co-Chairman of the Department at Hahnemann Medical College and before that was a career officer in the Navy. He retired from the military in 1967 because he was in line for exclusively administrative assignments, and he did not want to end his clinical involvement. He is enthusiastic about his time in the Navy, however, noting that it had been good preparation for administrative duties and for institutional practice.

The new Chairman has an intense interest in the educational aspect of his position, and he will be teaching both students and housestaff didactically and clinically. He has attended many workshops on the art of teaching, and notes that his discipline has lately become more aware that a knowledgeable physician is not automatically a good teacher. His concern for research at Jefferson is in part prompted by his own research interests in oncology and congenital anomalies of the reproductive system.

In discussing his new Department, balance is Dr. Lee's recurrent theme,

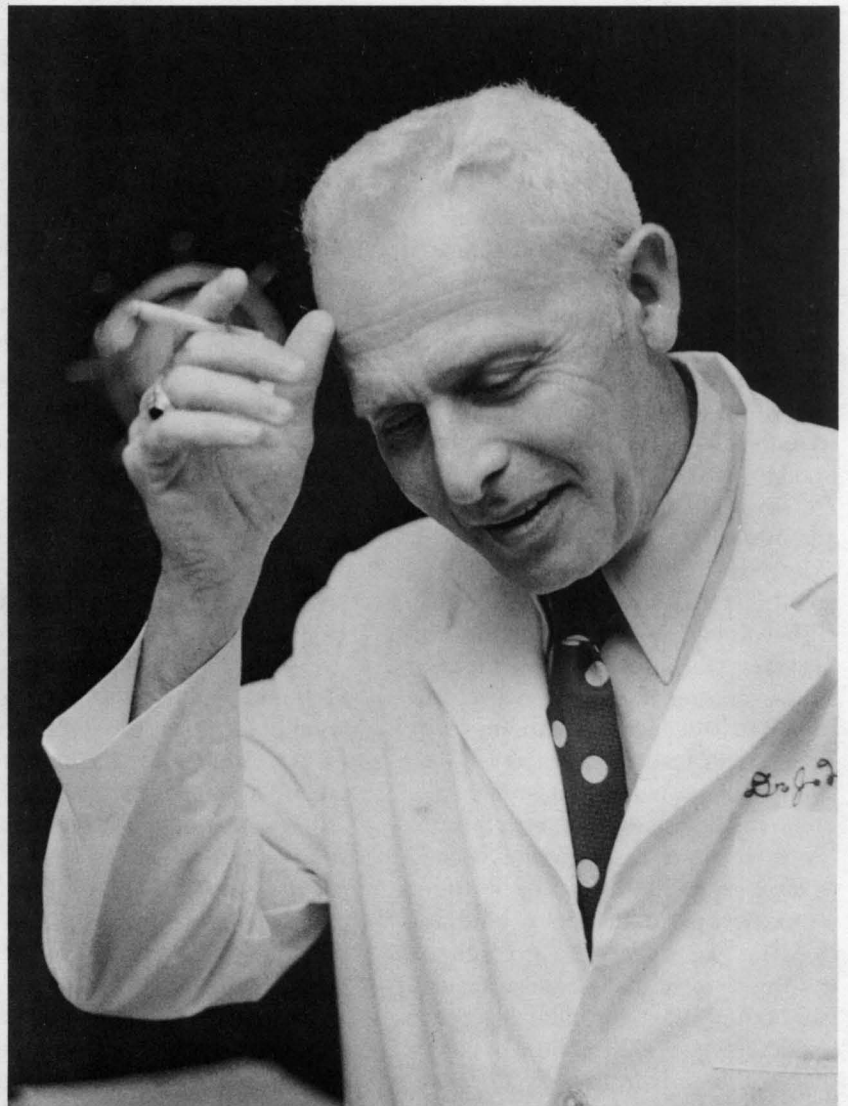
balance between volunteer and full-time faculty, between education and patient services. While his plans are ambitious, Dr. Lee feels he has basic strengths in the Department upon which to build. Unique to center city hospitals, for example, Jefferson has increased the number of OB deliveries and the number of private obstetrical patients. Most importantly, Dr. Lee has a large and loyal volunteer faculty and a good cadre of full-time faculty on which to rely. And he feels the Administration from the top on down has been thoroughly supportive and cooperative.

associate dean

As of September 1, 1975, Jefferson established a new administrative post, Associ-

ate Dean and Director of Minority Affairs. Dr. James H. Robinson, Clinical Associate Professor of Surgery at Jefferson since 1973, has assumed the position.

At the *Bulletin's* press time Dr. Robinson was still in the process of compiling statistics and background on the status of minorities at Jefferson and of fashioning his own response and approach to particular problems. Although he was therefore unable to answer specific questions, he noted that the general thrust of the position in addition to his duties as Associate Dean will be recruitment and academic and personal counselling of minority students. He feels that enlarging the minority applicant pool is an important priority and plans to increase efforts particularly at all-black colleges. Minor-



Dr. Lee: balance is his theme.

ity students at predominantly white colleges will also be recruited. Dr. Robinson stresses, however, that Jefferson is interested in recruiting only qualified applicants. Once a student is admitted, his office will make every effort to help him or her stay at Jefferson Medical College.

Dr. Robinson, a 1949 B.S. graduate of Pennsylvania State University, received his M.D. from the University of Pennsylvania School of Medicine in 1953. He took his surgical residency at the University of Pennsylvania Hospital, where he was Chief Resident in his final year. As the first black Intern, first black Chief Surgical Resident and only black Medical Student in his class at Penn, Dr. Robinson is in a good position to understand and counsel the special problems

of minority students.

As a surgeon he has an active private practice which he intends to maintain and is involved in many local and national medical societies. A Diplomate of the American Board of Surgery, a Diplomate of the National Board of Medical Examiners, he is a Fellow of the Philadelphia College of Physicians and the American College of Surgeons. He is a member of the Section on Trauma of the American College of Surgeons and a former member of the Board of Directors of the Philadelphia County Medical Society. At present he is a member of the Board of Censors of the Philadelphia County Medical Society. He has received Fellowships from the American Cancer Society, National Cancer Institute and Office of Voca-

tional Rehabilitation, and has taught at Penn and Hahnemann as well as Jefferson. Dr. Robinson has been affiliated with the Hospital of the University of Pennsylvania, Mercy Catholic Medical Center and Philadelphia General Hospital. He is also very active in the Philadelphia community.

Although the associate deanship is joining an obviously busy schedule, Dr. Robinson took it on because he is committed to expanding minority participation in all allied health professions, but especially medicine. He feels his office can have an important contribution to make to the minority experience at Jefferson. "I have accepted this position because I think we can help deliver a quality health care system only if medical schools have a broad pluralistic student body and I believe that the Administration and the Board of Trustees of the Thomas Jefferson University have made a sincere commitment to these concerns," Dr. Robinson says.

acta scanner

Because of Jefferson's expert radiologic and neurologic staff and the large number of patients seen by these specialists, the University has been selected as an initial site for a revolutionary X-ray device, the ACTA Scanner (Automatic Computerized Transverse Axial Tomographic Scanner). This machine makes it possible to discover and differentiate tumors in all areas of the body, including the difficult brain and soft tissue areas, without the traditional need to catheterize arteries or inject air into the spinal canal. Rotating around the body on a revolving frame, electronic detectors transmit numbers representing differences in density to a computer, which synthesizes them into a picture on a TV screen. This picture is actually 180 cross-sections or slices of the tissue, one for each degree of its circle. The second such machine ever made, its prototype and inventor are at Georgetown University where the Scanner had been in only experimental use until recently.

Since April when regular patient use was begun at Jefferson, more than 200



Dr. Pratt: a natural administrator.

people have been tested by the ACTA Scanner, and Chairman of the Department of Radiology Dr. Jack Edeikin notes that demand is so great, "We could actually use a second machine." For this reason, the use of the Scanner is limited to patients referred by Jefferson physicians or those at the affiliated hospitals.

At present it is used principally to diagnose lesions of the brain, because the necessary techniques have already been established and Jefferson personnel extensively trained in them. Devising techniques for use in other areas of the body, however, is part of the research connected with the machine. In addition to this clinical research a team of physicists is conducting research on the imaging and mechanics of the Scanner.

The ACTA Scanner has many advantages already over conventional methods and is expected to revolutionize X-ray diagnosis once it can be used for all areas of the body. It is, for example, particularly useful for excluding brain lesions in children, for whom the invasive methods have traditionally been considered dangerous. There are many ophthalmologic uses for the Scanner as well, an area in which the injection method has not always been practicable. Although the machine cost the Radiology Department close to \$300,000, it should actually prove an economy measure in the long run, reducing the time and money spent in more complicated procedures. It is expected eventually that invasive techniques will be eliminated altogether as diagnostic tools, and will be used only in survey evaluation.

The ACTA Scanner involves no additional risks to patients beyond those associated with traditional X-ray diagnosis. Twenty prestigious medical centers throughout the country have already ordered the machines, and eventually they should become routine radiologic equipment at most hospitals.

evaluating performance

It is probably fair to say that, to the superficial observer, Jefferson's Office of Medical Education is not considered one of the glamour divisions of the University. If the sedulous day-to-day pur-

suits of its small staff of researchers and statisticians seem remarkably unsensational, the potential impact on the University community of the office which describes itself as "free to ask the important questions" is sensational indeed.

For instance, a longitudinal study, begun by the Office under the direction of Associate Dean Joseph Gonnella in 1968, initially proposed to evaluate the Penn State/accelerated program as a curricular variable. It involved data on six Jefferson classes, following the students through internship and measuring such factors as attrition, academic performance, career choice, types of internship and attitudes. Students were broken down into three groups: participants in the accelerated program; those whose credentials would have qualified them for the program but who had not opted for it; and the students who would not have qualified for the program. Although this study in itself has provided a great deal of useful information and has had ramifications beyond its stated focus, this year the project added a dimension that made it unique. With the financial backing of the National Fund for Medical Education, a private foundation, the Office can now extend its study into the practice years and thereby relate evaluations of actual physician performance to the data base already established.

The benefits of this additional information are material and diverse. The Office believes that the most basic questions a medical school has to ask (eg., are our admissions criteria valid, is our curriculum functional, are our teachers and teaching methods adequate?) can be approached with reference to the practicing doctor and not merely the test-taking student. "It is the most rational way," notes Dr. Gonnella, "to justify change. Or to justify no change. We will be able to see if our methods and decisions are producing the kinds of results we had expected or hoped for. Plans will be made on the basis of facts and data, rather than theory or intuition. Of course, the plans may have to include efforts to obtain more information."

In addition to using (with permission) the student's admissions and academic records and scores on extra-University

exams such as the National Boards, the study utilizes questionnaires to gather much of its data. Beginning in the freshman year and in each subsequent year students are asked to provide background and attitudinal information which, briefly sampled, includes such items as reasons for choosing a career in medicine, specialty and type of practice preference at the time, appraised characteristics of a "good" physician, and family history details. As is the policy regarding all study data, questionnaire replies are kept strictly confidential, with information published in summary form. With this proviso, approximately 95% of the students return the questionnaires and give permission for their files to be included in the study.

Performance data has been collected until this point by using a rating scale sent to hospitals where alumni have completed their internship training. The Office requests that the Chief of the participant's clinical service, the Director of Medical Education or the individual most familiar with the intern rate his or her performance in specified areas on a standardized form. However, rating scales have distinct limitations, especially when completed by many different individuals, because such judgments are necessarily subjective to a certain degree. Each rater brings his own biases to measurement of such factors as an intern's abilities in patient/family relations or willingness to admit an error in judgment, etc.

For this reason, the third phase of the study, measurement of patient care, utilizes another technique, the medical audit. The audit provides for chart review to determine how certain medical problems were handled by the participating physicians. It is designed to be descriptive and not judgmental, that is, it will set out what a physician did or failed to do according to prescribed criteria, rather than making an overall assessment of good performance or bad. The criteria have been compiled from several sources, such as the *Quality Review Bulletin* of the Joint Committee on Accreditation of Hospitals, the AMA and particularly the results of medical audit workshops held by the OME. They include diseases and conditions most fre-

quently encountered and contain essentially a checklist of accepted procedures against which the Jefferson alumnus' patient records can be compared. Applying these principles of patient care evaluation it should be possible to determine whether deficiencies in performance are functions of inadequate medical knowledge, poor data gathering skills, faulty clinical judgment or inappropriate attitudes. It is planned to utilize the technique both with regard to the physician's performance in private practice and to his practice during his residency. This will permit determination of the effect of post-graduate training upon physician performance.

Although one might expect to find considerable existing data in "the literature" regarding these questions, this is not the case. There are no comparable program evaluation studies either in the area of medical education or in other kinds of professional education. This may in part be explained by the reluctance of many researchers to endure the agony of delayed gratification implicit in long-term data collection projects. More importantly, however, meaningful evaluations of professional performance have been difficult to make in the absence of accepted standards in the profession being studied. The Office's newly developed objective measures of physician performance used in the medical audit provide the kind of criteria needed but not available in the past.

Another form of data to be collected involves a comprehensive examination of medical knowledge, drawn from Jefferson tests, to be administered to all graduate participants upon completion of residency training. In addition to its value as a point of correlation with the medical audit results, this examination also will address itself to the problem of knowledge decay and to the basic question of relevance that is of concern both to faculty and to students. How much a student remembers of what he was taught will raise many interesting questions for curriculum planners and teaching evaluators. The exam should also be useful for the graduates themselves. As planned, each participant will receive an analysis of his or her score including explanations for incorrect answers and a

comparison of his performance with that of his peers, broken down by specialty.

The medical audit technique requires the support of hospitals and medical records personnel to abstract the pertinent information according to specification and return it in coded form. Since patient care evaluation studies are now required by the Joint Commission on the Accreditation of Hospitals, the federal government and a variety of other agencies and medical societies, it is reasonable to expect a higher level of cooperation in this phase of the project than might have been hoped for a few years ago. Although participating hospitals will not be given specific information about the practice patterns of their physicians, they will in return be given summary data which may be helpful to them in a variety of ways. As hospitals standardize their own activities in evaluating patient care it may become possible for all medical schools to undertake similar studies. The Jefferson effort should provide guidance both for other medical schools and for non-medical educational institutions faced with the need to validate their programs and to justify the enormous cost of sustaining them.

Although most aspects of the project are well underway, it is too soon for meaningful results to have emerged. The investigation is a unique and ambitious one, but the OME staff is cautious with its optimism. "We should not expect any single study to answer all the questions," says Dr. Gonnella. "It may be that it will only help us to ask new and better questions."

emphysema testing

As a service to the Philadelphia community, Jefferson has been offering free emphysema testing on an outpatient basis since October of 1974. Emphysema project director and Director of the Pulmonary Disease Division of Jefferson's Department of Medicine, Dr. William Atkinson, says that more than 800 people have already taken advantage of the program.

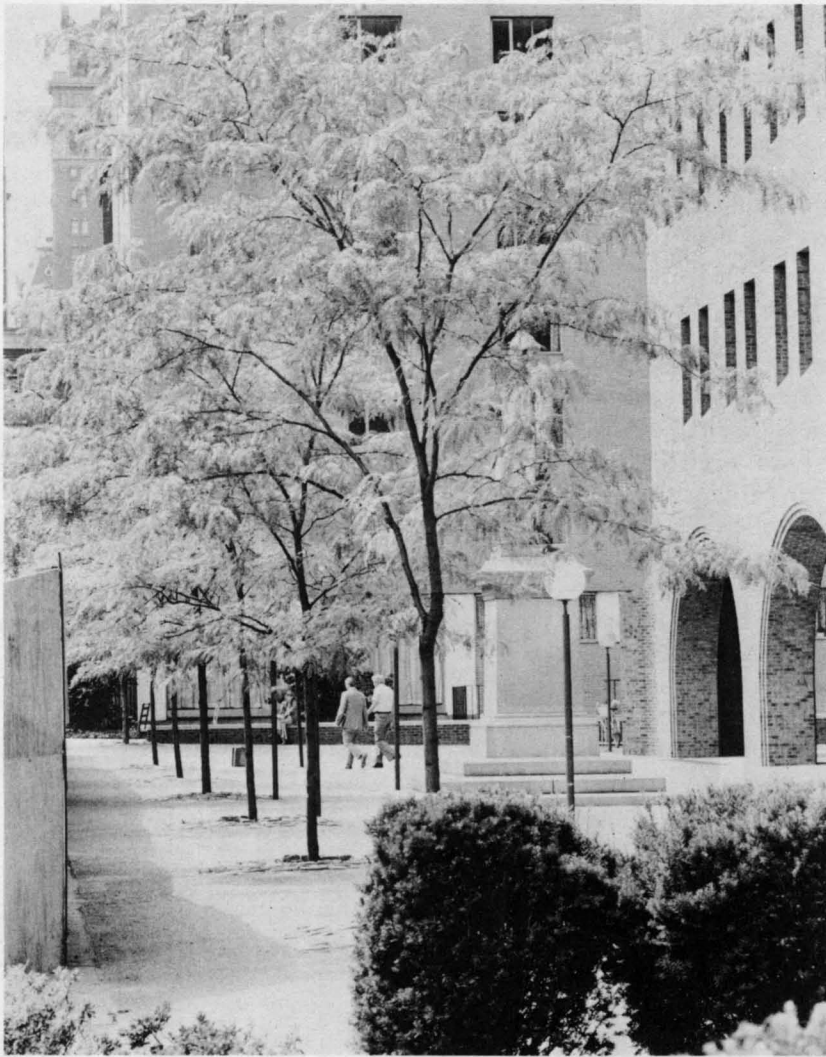
Although the tests are available by appointment to anyone, the program is designed primarily for adults with a history of smoking and such respiratory

symptoms as shortness of breath, excessive sputum production and recurring cough. Some patients have been referred to the center by private physicians, but the majority were alerted to the testing by radio and television announcements and word of mouth. "The primary purpose of the program," says Dr. Atkinson, "is to get people to stop fooling themselves. We see patients who have smoked—and coughed—for years, convinced they had 'no real problem.' Our tests make it clear that they do."

The test itself consists of blowing into a spirometer, which measures lung capacity and rate of air output by computer, and a nitrogen wash-out test, which determines the ability to exhale evenly and rid the body of excess nitrogen. The test indicates only the presence or absence of obstructive lung disease; no specific diagnosis is made. Test results are referred to the patient's private physician. When the patient has no regular doctor, a member of the Department will treat him. While Dr. Atkinson stresses that these tests are preliminary and that further diagnostic procedures are necessary to particularize an ailment, secondary tests confirm the presence of obstructive lung disease for 95% of those whose initial tests have indicated it.

The project is funded cooperatively by Jefferson and the United Fund through October, 1975, and at least an additional year is likely. The initial equipment outlay was provided by the United Fund, with Jefferson picking up the personnel and administrative costs. Since equipment will not need to be renovated for five years, relatively minimal funding could allow the project to continue at least for that period, perhaps indefinitely. Although there is currently no research aspect, all the data has been maintained in such a way that follow-up and research could be undertaken at any time.

"We feel the project has been a success from a number of perspectives," notes Dr. Atkinson. "It has performed a useful community service and contributed to a favorable Jefferson profile. Jefferson itself has gotten valuable equipment and an effective teaching tool."



Jefferson Greenery

Contrary to the Latin derivation of the word campus (plain, open space), a center city campus tends to be nestled between redevelopable shops and parking lots rather than between verdant hills, and shaded by skyscrapers rather than age-old spreading elms. Although Jefferson's campus confronts the same limitations faced by other urban universities, every effort has been made to prove that a downtown campus doesn't have to be bare brick, mortar and concrete slabs.

Outside and inside, greenery abounds at Jefferson, from the unusual trees and

The tree-lined walk in the rear of the Scott Building and the 11th Street entrance to the Martin Residence (below) are Jefferson oases.



Outside

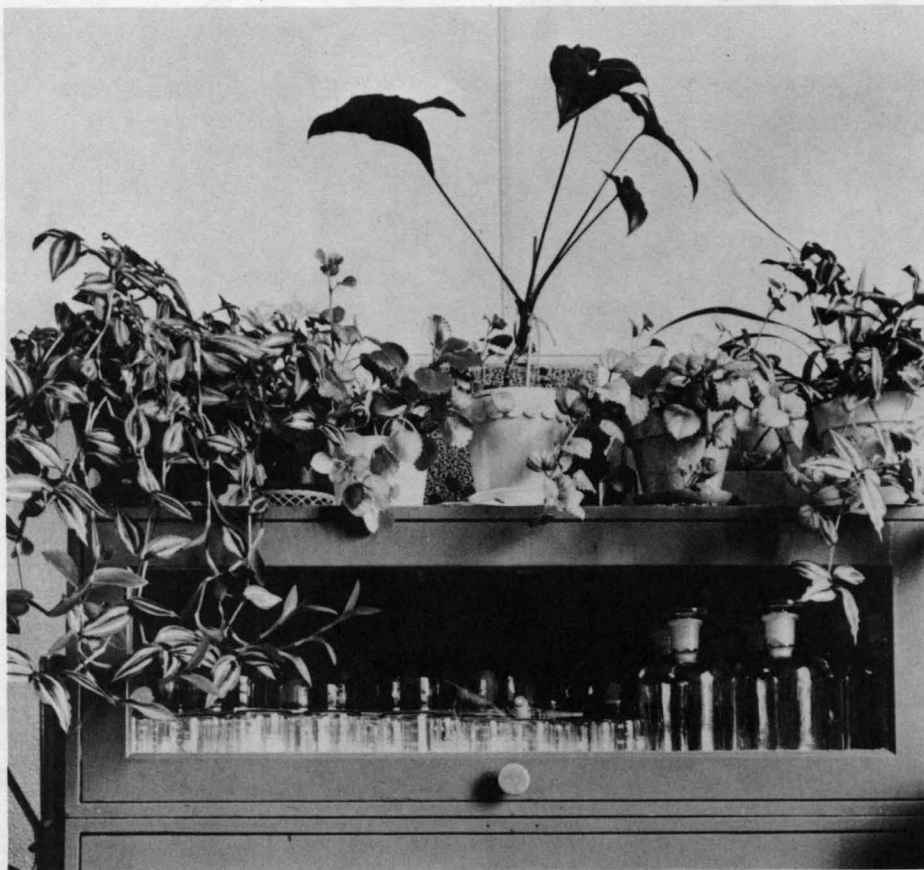
shrubs which make the campus literally an oasis in an otherwise drab immediate neighborhood, to the houseplants, be they scraggly or splendiforous, which every department seems to have. There is, for instance, a plant which blooms only at night and whose flowers die by morning. There are exotic African violets nursed by ultraviolet light. And there is even a tree that is said to be a seedling from the tree of Hippocrates, given to Jefferson when the Alumni Tour visited Greece in 1967. The next few pages offer only a sampling of Jefferson's horticultural bounty.

The Orlowitz courtyard (right) and the indoor courtyards of Jefferson Alumni Hall are popular for receptions like the 25th reunion party (below).





The Greenery



Houseplants appear in all kinds of locations. Above a spider plant has a 10th floor view of the campus, while below a melange of greenery flourishes amidst testtubes.

Inside



Undoubtedly the lushest plants at Jefferson are in the microbiology Department in Jeff Hall, whether they overlook the courtyard or are nurtured by lamplight.



Financing the Medical University

by Harry W. Unruh

The year is 1955. Admiral James L. Kauffman is President; George A. Bennett, M.D. is Dean; Hayward R. Hamrick, M.D. is Medical Director. All are well known names at Jefferson. Not so well known, but a fine gentleman, George M. Ritchie is the Controller, and completely unknown, down in the basement of the College building I sit, as an assistant to George Ritchie, listed as an accountant statistician.

The total assets for which we were accounting in 1955 were \$27,859,000, including the just-opened "new, 14 floor (Foerderer) pavilion." Jefferson's assets at the close of fiscal 1975 are \$125,000,000. The total expenditures in fiscal 1955 were \$6,993,000; this year they were \$75,600,000. Our operational budget for fiscal 1975/76 is \$81,000,000.

How did we get to where we are today? Are we fiscally sound? How are we organized and what has happened?

Over the years, the Presidents and Deans have visited with and spoken to many alumni groups, telling you of the program changes, the formal change to University status and the current expansion taking place. Those of you who have visited over the last 20 years have seen the change in our physical plant. Those who returned this year are also aware of the physical changes under way at the present time which will add

an additional \$105,000,000 construction to our campus. These changes are the visible ones. Many organizational changes have also taken place during this period and I will attempt to describe the evolution of the present structure of my area of responsibility as it stands ready to cope with the future.

Although Jefferson has always been one corporation, when I began my employment in 1954, the College and the Hospital (along with Barton and White Haven) operated independently, with the College Controller having a loosely defined responsibility for the entire financial operation. He had no counterpart in the Hospital. The Hospital, however, had a Purchasing Department and the beginnings of a Personnel Department, as well as a Physical Plant Department which gave service to the entire institution. There seemed to be no great desire on anyone's part to make changes in his operation, except that the Controller's Office began to become heavily involved in hospital budget preparation and monthly financial reporting. In early 1957, A. C. Eglin, Jr. came in as Associate Controller, and with the death of George Ritchie in the fall of that year, he became Controller. By 1961 it became apparent that the financial area needed strengthening and an Assistant Controller was named specifically for the Hospi-

tal as well as the College, with the Controller maintaining the total responsibility. Other service departments were growing but maintaining the duplication in both divisions.

The major reorganization took place in 1962. The Board of Trustees established the position of Vice-President for Business and Finance, and named Kenneth R. Erfft to that position, A. C. Eglin having retired. The job of molding the service departments, i.e. Controller, Purchasing, Personnel, Physical Plant, and Management Services (computer services and systems) into a corporate service division and to eliminate the duplicated functions had begun. Ineffectiveness and lack of acceptance was commonplace as we were viewed with suspicion by the departments we were to serve because we were no longer college or hospital. It had been so easy to place a help wanted ad in the paper and hire your own employee; call a salesman on the phone, make a purchase and

Mr. Unruh, Jefferson's Vice-President for Business and Finance, is a graduate of the University of Pennsylvania and the Army Medical Field Service School of Hospital Administration. He is a retired lieutenant colonel in the U.S. Army.

Revenue and Expenditures

	Actual 1971/72	Actual 1972/73	Actual 1973/74	Projected Actual 1974/75	Budget 1975/76
SOURCES OF REVENUE					
Tuition & Fees	\$ 2,323	\$ 2,317	\$ 2,819	\$ 3,654	\$ 4,641
Patient Care	29,215	33,202	36,646	43,112	46,241
Government Appropriation	3,852	4,077	4,557	4,894	5,039
Grants and Contracts	11,698	13,610	12,353	17,889	16,898
Sales and Services	889	886	838	1,672	2,572
Endowments and Trusts	921	1,802	1,737	1,677	1,572
Indirect Cost Reimbursement	700	1,014	1,317	2,612	3,224
Contributions & Misc. Income	611	2,598	2,047	670	905
TOTAL REVENUE	\$50,209	\$59,506	\$62,314	\$76,180	\$81,092
EXPENDITURES BY DIVISION					
Medical College	\$ 7,244	\$10,277	\$11,006	\$11,896	\$13,741
Hospital	29,416	33,418	35,638	42,059	45,382
College of Graduate Studies	88	93	94	104	108
College of Allied Health Sciences	1,581	1,859	2,073	2,692	2,797
Auxiliary Services	876	811	854	958	1,035
Sponsored Programs & Special Purpose	10,842	11,455	11,857	17,222	16,898
Health Sciences Center	—	73	621	632	1,131
TOTAL EXPENSE	\$50,047	\$57,986	\$62,143	\$75,563	\$81,092
SURPLUS (DEFICIT)	\$ 162	\$ 1,520	\$ 171	\$ 617	\$ -0-

(figures in thousands)

send a confirming requisition to the college office; create a separate pay check for every pay source each payday, whether in different Hospital departments, College or grants, so that at the year-end a person would end up with five or six W2 forms. Implementation and self discipline were difficult but progress was being made.

With Jefferson Hall (now Jefferson Alumni Hall) under construction, a new department was established at this time under the Corporate Services division to encompass the new Commons area, food service, book store and future housing, with the title of Auxiliary Services.

In 1965, Kenneth Erfft resigned to establish a consulting firm and George M. Norwood, Jr. became the second Vice-President for Business and Finance. Dur-

ing the five year period that he served as the chief business officer, the changes were explosive and the financial impact tremendous. The physical plant expansion included the completion of Jefferson Alumni Hall which in itself was two and one-half times larger than the college building, with all the related operational physical plant costs to be absorbed. Along with Jefferson Alumni Hall, the Orlowitz Residence Building, a 22-story building containing 238 one, two, and three bedroom apartments for student housing was finished and occupied, and the Scott Building with four floors of library and two floors for administration was also completed and occupied.

In the patient care financial area, Medicare had entered the picture, changing a large segment of patient

population from charges to cost reimbursement and shifting most of the same segment from Blue Cross and/or indigent to the one standard of care with federal cost reimbursement.

Also during this period, the federal government which had heretofore awarded sponsored research grants began to assist in the cost of medical education with various types of augmentation and per capita grants.

The other great change affecting our accounting between 1965 and 1970 came in July of 1969 when we became Thomas Jefferson University, giving formal recognition to the College of Graduate Studies, and the College of Allied Health Sciences, as well as the Jefferson Medical College and the Hospital. This created the need for a new, flexible, ex-

pandible chart of accounts, an orderly budgeting process whereby each division of the University should be self-supporting, living within its income on a breakeven basis, and a routine financial reporting basis to each division, as well as a consolidated University report to keep the financial overview of the big picture in balance.

In 1970, George M. Norwood, Jr. moved into the newly created position of Vice-President for Planning, and I was promoted from University Controller to Vice-President for Business and Finance to succeed him. It had been my good fortune to have had experience in every phase of the University's accounting during that first 15 years and this detailed knowledge has proved invaluable as we have "coped" financially in the last five years with inflation, energy crises, expansion of programs, construction of new buildings and various new laws affecting our financial operation.

We all can cite examples of inflation but the other factors mentioned above have also taken their toll financially. The energy crisis has added more than \$1,000,000 a year to our utility cost; new and expanded programs, such as the phasing out of the Curtis Clinic as a patient care building and the start-up costs of the Health Sciences Center (old Philadelphia Electric building at Ninth and Sansom Streets) as our outpatient facility; the cash advances required for the new hospital—Clinical Teaching Facility—leading up to the bond issue, total several million dollars; the change in the law, placing us under unemployment compensation regulations created a new expense which already exceeds \$200,000 a year. These are just a few of the items that have placed a tremendous burden on our cash flow.

The University, however, follows a basic philosophy established by its trustees that our budgetary process will demonstrate annually that expected or available funds will be sufficient to meet the necessary levels of program expenditure. Each operating division of the University, through its senior officer, is charged with the responsibility of developing an annual plan of operational and capital expenditures which clearly identifies the resources and

sources of revenue to offset these expenditures. Through the Vice-President for Business and Finance, the individual divisional budgets, consolidated with those of the Corporate Services Division, along with the non-operating areas such as endowment funds, special purpose funds and sponsored programs, are presented to various committees of the Board of Trustees, including the Finance Committee, and finally to the full Board of Trustees.

Listed on the preceding page is a table summarizing the effectiveness of this philosophy and the 1975/76 budget as approved.

You can readily see that strict adherence to this philosophy brings us to a year-end surplus during a time when all institutions are experiencing difficulty.

However, both education and patient care are labor intensive service industries and, consequently, are more vulnerable to wage inflation than price inflation. At the present time, approximately 69% of our total cost is for labor. Our main sources of revenue are not always compatible with the sharp increase in cost. This calls for constant examination of priorities for programs and the constant search for new or increased funding.

Our tuition and fees have remained relatively stable over the years, increasing slightly each year until the present, when we had to increase dramatically from \$3,000 to \$4,000 for the Jefferson Medical College.

The patient care revenue is largely related to patient care cost through third party contracts and government regulations. Scrupulous care must be given to maintain the individuality of accounting to be able to defend these costs through four different audits to justify the reimbursement. Restricted and unrestricted funds from government now represent approximately 28% of our total operational revenue.

The sales and services income is escalating rapidly as we increase our rental properties, i.e., housing, Health Sciences Center, as well as the food service and student commons operation.

Our endowment fund, under the prudent management of the Finance Committee of the Board of Trustees, has

been one of the sustaining fiscal resources available to the University. Not only has it provided us with substantial operating revenue, but it allows us to give out approximately \$275,000 each year in scholarships and loans independent of the federal programs. The fund has increased from \$11,750,000 in 1955 to more than \$41,000,000 at the close of fiscal 1974/1975 of which \$18,533,000 is endowed, \$11,850,000 is restricted, \$3,370,000 is unrestricted and \$7,380,000 is scholarship and loan.

The gifts and contributions utilized directly in operations fluctuate from year to year. The figures reported here do not include bequests or endowed principal nor special fund raising activities such as the Sesquicentennial Fund Drive. As an aside, the alumni participation in the Sesquicentennial Drive has not lived up to expectation. I had on many occasions assured Dr. Joe Henry Coley, your chairman, that the alumni would contribute at least \$7,000,000. The simple logic of a pledge of \$200 a year for the five year campaign would be \$1,000 multiplied by 7,000 alumni equals \$7,000,000 and \$200 a year did not seem insurmountable. As of this date, the alumni pledge for the five-year campaign is \$3,240,000 and of that amount, two contributions total \$500,000.

When Jefferson entered this current physical expansion/renewal program, it was an institution relatively free of debt. Jefferson Alumni Hall was built by the General State Authority, the Scott Building was erected and completely paid for. The Orlowitz Residence Hall is a self-liquidating bond issue. Our only significant capital debt was the 20-year-old mortgage on the Pavilion (practically paid off), and a small balance on the Martin Nurses Residence. With third party reimbursement contracts allowing interest payments as an expense of operation, and depreciation to cover debt service, Jefferson with its favorable balance sheet is in excellent condition to go into this expansion program.

The audited financial statement for the University for 1973-74 appears in the Annual Report prepared by the Development Office, mailed to you in August: 1974-75 consolidation has not been completed at the time this goes to press.

class notes

1917

Dr. Henry L. Bockus, 250 S. 18th St., Philadelphia, recently had published the third edition of his classic *Gastroenterology*.

1918

Dr. J. McClure Tyson, P.O. Box 333, DuBois, Pa., has retired from his ENT practice, which he has conducted at the same location since 1927.

1919

Dr. J. Street Brewer, P.O. Box 397, Roseboro, N.C., retired from private practice in October, 1974 after 55 years of medical practice. An Instructor at the Duke School of Medicine since 1948, the family physician is a past President of the North Carolina Medical Society, and a former member of the State Board of Medical Examiners, the Executive Committee of the North Carolina Medical Care Commission and the Board of Directors of Blue Cross & Blue Shield. He received the Distinguished Service Award from the Faculty of the UNC School of Medicine and received the Distinguished Alumni Award from Wake Forest College. Dr. Brewer and his wife, Lena, will continue to live in Roseboro.

1920

Dr. John D. Sturgeon, 68 Ben Lomond St., Uniontown, Pa., has retired from his pediatrics practice; it marks the first time in 164 years that the name Sturgeon has not been associated with an active medical practice in Uniontown.

Dr. Sturgeon founded the pediatrics section at Uniontown Hospital and served on that hospital's Board of Trustees from 1949 to 1960. He is a member of the American Academy of Pediatrics and a Fellow of the American Board of Pediatricians. He is also a member and past President of the Pittsburgh Pediatric Society and past President of the Pennsylvania Medical Society, Pediatrics Section.

1923

Dr. Arthur H. Perkins, R.F.D., Grafton, Vt., writes classmate **Ernest L. Noone**, surrendered the big tractor on his Vermont farm to his grandson. He now uses the mower tractor."

1932

Dr. Norbert M. Bittrich, 6510 Commerce Rd., Orchard Lake, Mi., is still in the active practice of anesthesiology at Providence Hospital in Southfield, Michigan.

1934

Dr. Frank D. Conole, 76 Front St., Binghamton, N.Y., continues his practice of general surgery. His youngest daughter graduated from college in May, his eighth child to do so. All three boys went on to graduate school.

1935

Dr. Glenn S. Dickson, 2020 Solly Ave., Philadelphia, is still in active practice and is a parttime consultant in gynecology for the Philadelphia Department of Public Health.

1937

Dr. Milton H. Gordon is a civil air surgeon for the State of Israel. He is affiliated with the Ben-Gurion International Airport. He and his family formerly were residents of Haddonfield, New Jersey.

1939

Dr. George Evashwick, 204 Roswell Ave., Long Beach, Ca., writes that he is busy with his practice, medical association activities and work on malpractice insurance.

Dr. Raphael A. Levin, 300 Hampshire Dr., Ventnor City, N.J., writes that his daughter and son-in-law graduated from the University of Pennsylvania Medical School. His son, Robert, is in his junior year at Jefferson.

Dr. Hyman D. Stein, 1680 Huntingdon Pk., Huntingdon Valley, Pa., is Medical Director of Warminster General Hospital, which he helped to found. In addition to being the senior responsible person in the hospital administration he also performs surgery.

Dr. Jack R. Wennersten, 933 N. Charlotte St., Pottstown, Pa., is President of the Daniel Boone National Foundation.

1941

Dr. Paul J. Poinard, 2123 Delancey St., Philadelphia, Professor of Psychiatry and Human Behavior at Jefferson, was awarded

class notes

a first prize at the American Physicians Art Association in Atlantic City for his painting done in water color. The show is held in conjunction with the meetings of the American Medical Association.

1942

Dr. Edgar T. Gibson, 928 Kresson Rd., Cherry Hill, N.J., has been elected President of the Camden County Medical Society. A Diplomate of the American Board of Surgeons and a Fellow of the American College of Surgeons, Dr. Gibson is Chief of General Surgery at both West Jersey Hospital and Lakeland General Hospital and is on the staff of Our Lady of Lourdes for thoracic and general surgery.

1944S

Dr. James G. Dickensheets, P.O. Box 5972 Corinthian Bldg., Hilton Head, S.C., writes that a new hospital has opened in Hilton Head with which he is affiliated and that they hope to develop a medical school affiliation.

1945

Dr. Robert E. duPrey, Community Medical Center, White Stone, Va., has opened an office there for the practice of ophthalmology. Dr. duPrey had practiced in the Washington, D.C. area for twenty years. He has taught at Children's Hospital in the District, holding the rank of Clinical Professor of Ophthalmology at George Washington University School of Medicine. A Diplomate of the American Board of Ophthalmology and a member of many professional societies, he has served as President of the Section on Ophthalmology of the Medical Society of the District of Columbia.

Dr. Robert R. McDonnell, 1441 Chapel St., New Haven, Ct., has been President of the New Haven Medical Association and the New Haven Gridiron Club for the past two years. He is a member of the Yale Medical School clinical faculty and a Board-certified neurosurgeon. He has six daughters, two grandsons and one granddaughter.

Dr. Desmond S. O'Doherty, Professor and Chairman of the Department of Neurology at Georgetown University Hospital, was unable to attend his thirtieth reunion, because he was in Iran.

1946

Dr. Rudolph E. Gosztonyi, Jr., Park 80 Plaza West-1, Saddle Brook, N.J., has been appointed Corporate Medical Director of Tenneco Chemicals, Inc. He had been Medical Director of two Ingersoll-Rand plants and staff physician at American Cyanamid Company, following 17 years of private practice in Bethlehem, Pennsylvania.

Dr. John J. Hanlon, 525 W. Winding Hill Rd., Mechanicsburg, Pa., is President of the Pennsylvania Academy of Family Physicians.

Dr. DeArmond Lindes, 3229 E. Linden St., Tucson, Az., reentered the Air Force in July, 1974 and is Chief of Primary Care Services at Davis Monthan A.F.B. He writes that his younger son, Conrad, graduated from Jefferson and is taking a general practice residency at Grant's Hospital in Columbus, Ohio.

Dr. Reginald J. Raban, 99 W. Gate Dr., Cherry Hill, N.J., has been appointed to the Department of Surgery, Section of Ophthalmology, at West Jersey Hospital in Camden.

Dr. Samuel D. Rowley, Box 890 Hibernia, Green Cove Springs, Fl., received his Master's degree in public health from Yale in 1969. He is now Health Care Delivery Chief for the city of Jacksonville and a Duval County Health Officer. President-elect of the Florida Association of County Health Officers, he is an Assistant Clinical Professor of Pediatrics at the University of Florida and a consultant to the University Hospital Department of Community Medicine.

1947

Dr. Edgar C. Smith, 7100 Marshall Rd., Upper Darby, Pa., has been elected President of the medical staff of Mercy Catholic Medical Center. Dr. Smith is an Associate Attending Physician in Medicine and has been on staff at the Misericordia Division since 1953. He has taught at Hahnemann Medical College, Jefferson Medical College and Villanova University.

1948

Dr. Leonard F. Bender has been appointed Professor and Chairman of the Department of Physical Medicine and Rehabilitation at the Wayne State University School of Medicine. Dr. Bender also will be Medical Director of the Rehabilitation Institute. Dr. Bender, a past President of the American Academy of Rehabilitation Medicine, was formerly Professor of Physical Medicine and Rehabilitation Medicine at The University of Michigan School of Medicine.

Dr. Denis A. Boyle, Church St. and First Ave., Parkesburg, Pa., has associated for

practice with another physician in Parkesburg. He also is Chief of a rehabilitation center at Philadelphia General Hospital and Chief of the Coatesville Hospital rehabilitation center and has had special training in arthritis, physiotherapy and geriatrics. He had practiced medicine in Haverford, Pennsylvania for fifteen years.

1949

Dr. Stuart W. Hamburger, 17116 Alta Vista, Southfield, Mi., writes that his son, Harry, is a freshman medical student at Jefferson.

Dr. Otto M. Lilien, 305 Berkeley Dr., Syracuse, N.Y., is Professor of Urology and Chairman of the Department at the Syracuse Medical Center, part of the State University of New York system.

Dr. George A. Winch, 60 San Andreas Way, San Francisco, was awarded the Henry J. Kaiser Award for excellence in clinical teaching at the University of California Medical School in San Francisco. Dr. Winch is Chief of the Obstetric Service at French Hospital, and he is active in community and state obstetric and gynecologic activities.

Dr. Jack R. Woodside, 9125 Christopher St., Fairfax, Va., writes that his son, Jack, Jr., is in his sophomore year at Jefferson. He is still Chief of Anesthesia at Alexandria Hospital.

1950

Dr. James R. Hodge, 2975 W. Market St., Akron, Oh., writes that his book *Practical Psychiatry for the Primary Physician* has just been published by the Nelson-Hall Publishing Company. Dr. Hodge is Head of Psychiatry at Akron City Hospital, Adjunct Professor of Psychology at Akron University and a member of several professional society committees. He is in full-time practice in Akron.

Dr. William J. Jacoby, Jr., QTS C, Portsmouth, Va., has assumed command of the Naval Regional Medical Center, Portsmouth, Virginia. He is also Fifth Naval District Medical Officer. Dr. Jacoby, who holds the rank of Rear Admiral, was most recently Chairman of the Internal Medicine Department and Director of Education and Research at the National Naval Medical Center in Bethesda.

Dr. Joseph J. John, 13914 Oak Meadows, Universal City, Tx., has retired from the Air Force after twenty-five years service. Dr. John retired with the rank of Lt. Colonel. He writes that he is enjoying a life of ease at his home in Universal City. Dr. John's last assignment was in the Medical Consultant Division, Office of the Surgeon, Air Force Military Personnel Center at Randolph AFB, and he liked the area so much he decided to stay there.

1951

Dr. Leonard S. Girsh, Benjamin Fox Pavilion, Ste. 325, Jenkintown, Pa., presented an exhibit on the management of bronchial asthma at the annual American Medical Association meeting in June, 1975.

Dr. Roberto A. Quesada, 2615 E. Clinton Ave., Fresno, Ca., writes that he finds his work at the VA Hospital in Fresno interesting and enjoys the area as well.

Dr. N. Dean Rowland, Jr., 185 Bigelow Apt., Bigelow Sq., Pittsburgh, writes that he is now retired and not in practice.

1952

Dr. Millard S. Leute, 248 N. Belfield Ave., Havertown, Pa., has been named Medical Director of the Life Insurance Company of North America. Dr. Leute is on the attending staff of Bryn Mawr Hospital.

1953

Dr. Harold Y. Allen, 3 Plainfield Ave., Pen Argyl, Pa., writes that his son, Gregg, is a sophomore at Jefferson.

Dr. Hampton P. Corson, 1420 Club Dr., Johnstown, Pa., is now Chairman of the Department of Ob/Gyn at Conemaugh Valley Memorial Hospital in Johnstown.

Dr. Eugene A. Jaeger, 674 Timber La., Devon, Pa., has been appointed to the staff of E.I. DuPont & Co., and he also maintains a private practice of psychiatry in Devon and Kennett Square.

1954

Dr. Gerard J. Biedlingmaier, 10456 W. Concordia, Wauwatosa, Wi., has been named Chief of Staff of Trinity Memorial Hospital in Cudahy, Wisconsin. A member of the Trinity Memorial staff since 1967, he is the hospital's Director of Radiology and supervisor of its School of Radiologic Technology.

Dr. Charles T. B. Coyne, 2 Glendale Rd., N. Hampton, N.H., has been elected Chief of the Ambulatory Care Department at Portsmouth Hospital. He writes that the hospital is looking for a replacement for a doctor in the emergency room. "Any Jeff alumni looking for a great place to live in a job that is interesting and relatively pressure-free," should contact him.

Dr. Robert A. Hinrichs, 2007 Galatea Ter., Corona Del Mar, Ca., was appointed Chief of Staff at Hoag Memorial Hospital, Newport Beach.

Dr. Nelson F. Moury, 4034 Westaway Dr., Lafayette Hill, Pa., has severed his partnership ties and left Germantown Hospital to

open a solo practice of internal medicine and hypnosis in Broad Axe, Pennsylvania. He also was recertified in internal medicine.

Dr. Warren W. Nichols, Kay Dr., Cherry Hill, N.J., is the first recipient of the S. Emilen Stokes Professorship of Genetics at the Institute for Medical Research in Cherry Hill. Dr. Nichols is Assistant Director of the Institute and Head of its Cytogenetics Department. He serves on the faculties and staffs of the University of Pennsylvania Medical School, Cooper Hospital, Children's Hospital of Philadelphia and Our Lady of Lourdes Hospital. He has served as a consultant to HEW, is a member of editorial boards and has published numerous scientific papers and books.

Dr. Wyant J. Shively, 275 Voltaire Pl., Grosse Pointe Farms, Mi., has been appointed Chairman of the Department of Pathology at Providence Hospital in Southfield, Michigan. He previously has been an Instructor of Pathology at the University of Louisville School of Medicine and an Associate Pathologist at St. Mary's Hospital in Evansville, Indiana and St. Vincent's Hospital in Toledo, Ohio.

1955

Dr. S. Paul Coccia, Piedmont Dr., Bound Brook, N.J., writes that he was sorry to miss his 20th reunion. He and his wife were celebrating their 25th wedding anniversary in Rome at the time.

Dr. Arthur C. Huntley, Jr., Plymouth Rd., Gwynedd Valley, Pa., has been named Director of the Department of Psychiatry at Germantown Dispensary and Hospital. A Diplomate of the American Board of Psychiatry and President-elect of the Philadelphia Psychiatry Society, he is an Associate Clinical Professor of Psychiatry at the Medical College of Pennsylvania and is a faculty member of the Philadelphia Psychoanalytic Institute. He is a Fellow of the American Group Psychotherapy Association and the American Psychiatric Association and a member of many professional societies.

Dr. Roger C. Laauwe, 930 Berdan Ave., Wayne, N.J., has been elected Chairman of the Ophthalmology Department at Greater Paterson General Hospital in New Jersey. A member of the GPGH staff since 1961, Dr. Laauwe served in the Navy and took his residencies at the University of Pennsylvania and Jefferson Hospitals.

1956

Dr. Thomas G. Doneker, RD #1, Zionsville, Pa., is practicing in Bethlehem, Pennsylvania at St. Luke's Hospital "along with classmates **Jim Regan** and **Dale Grove**. Was recently named Chief, Department of Anesthesia, at St. Luke's."

1958

Dr. Jay A. Kern, 800 N. Edgemere Dr., W. Allenhurst, N.J., is a Diplomate of the American Board of Gastroenterology and has been recertified in internal medicine. He also has been elected Treasurer of the Medical Staff at Monmouth Medical Center and has been promoted to Clinical Associate Professor of Medicine at Hahnemann Medical Hospital.

Dr. James M. Labraico, 51 High St., Bristol, Ct., has been in the private practice of allergy-pulmonary disease for ten years. He is certified by the American Board of Allergy and Immunology. He is also Director of Respiratory Service at Bristol Hospital. Dr. Labraico has been Secretary-Treasurer of the Connecticut Chapter of the Jeff alumni for four years.

1959

Dr. Sidney S. Girsh, 510 Cambridge Ave., Zanesville, Oh., writes that he and his wife, Darleen, had a baby girl, Amy Beth.

Dr. Lawrence J. Mellon, Medical Director, Boeing Vertol Co., Philadelphia, has been certified as a specialist in occupational medicine by the American Board of Preventive Medicine. He formerly practiced medicine in Woodlyn, Pennsylvania before joining Boeing Vertol in 1965. A Fellow of the American Occupational Medical Association, a member of the American Academy of Occupational Medicine and President-elect of the Philadelphia Industrial Medical Society, Dr. Mellon is a Clinical Instructor of Preventive Medicine at Jefferson.

1960

Dr. David Blecker, 2080 Northbrook Ci., York, Pa., is Board-certified in diagnostic radiology and practicing at York Hospital.

Dr. John P. Galgon, 1730 W. Chew St., Allentown, Pa., is Chief of Pulmonary Functions at Allentown General Hospital. Certified by the American Board of Internal Medicine, he is Chief of the Pulmonary Section, Department of Internal Medicine at Allentown General Hospital. At Allentown Sacred Heart Hospital Center he is Medical Director of the Respiratory Therapy Section and Director of the Pulmonary Laboratory. He is also President-elect of the Pennsylvania Thoracic Society.

1961

Dr. Allen Davies, Box 113, R.D. #2, Chadds Ford, Pa., is a thoracic surgeon in Wilmington. He is the Wilmington Director of a combined thoracic surgical residency program affiliated with Jefferson.

Dr. John H. Gould, Main St., Shiloh, N.J., has been elected President of the medical staff of the Bridgeton Hospital in New Jersey. Dr. Gould is certified by the American Board of Family Practice and joined the Bridgeton staff in 1962. Prior to his Presidency, Dr. Gould served as Treasurer for two years.

Dr. David W. Knepley, 110 Robin La., Bloomsburg, Pa., writes that after practicing radiotherapy for nearly a year at Geisinger Medical Center, he accepted a position as radiologist at Bloomsburg Hospital and has recently established a radioisotope laboratory. He also helped organize and teach the Emergency Medical Technician Service.

Dr. Richard M. Monihan, Mainland Medical Center, Ste. 5, Northfield, N.J., has been in the private practice of plastic surgery in the New Jersey shore area since 1973. He is certified by the American Board of General Surgery and the American Board of Plastic Surgery and is a Fellow of the American College of Surgeons. He spent 1971 through 1973 working for the U.S. Department of the Interior in Micronesia as a general and plastic surgeon.

Dr. Theodore Wasserman has been re-elected Vice-President of the medical staff at Samuel Daroff Division of Albert Einstein Medical Center. Dr. Wasserman, a Clinical Associate Professor of Psychiatry at Jefferson, is Chairman of the Department of Psychiatry at Daroff.

1962

Dr. Henry Gelband, 15020 S.W. 69th St., Miami, has been promoted to Associate Professor of Pediatric Cardiology and appointed Director of Clinical Pediatric Cardiology at the University of Miami School of Medicine. He continues his research in cardiac electrophysiology and has recently given papers in South America, London and Amsterdam.

Dr. Joseph Honigman, 9830 Woodrose La., Jacksonville, Fl., is Chief of Dermatology at the U.S. Navy Regional Medical Center. "Enjoying life in the Southern tradition."

Dr. Robert C. Nuss, 3627 Cathedral Oaks Pl. N., Jacksonville, Fl., has passed his Boards in gynecologic oncology and has received a certificate for special competence in gynecologic oncology.

Dr. Stanley A. Rosenblatt, 16 Village Green Ci., Wilkes-Barre, Pa., is practicing neurology with three other neurologists in Scranton. He and his wife, Nancy, have two children.

Dr. Joseph Snyder, 1344 Winding Waye La., Silver Spring, Md., has been elected President of the Maryland Academy of Ophthalmology for 1975-76.

1963

Dr. William B. Lorentz, 209 Staffordshire Rd., Winston-Salem, N.C., has been promoted to Associate Professor of Pediatrics at the Bowman Gray School of Medicine in Winston-Salem, North Carolina. Dr. Lorentz, a pediatric nephrologist, was appointed to the Bowman Gray School last July. He is a former Assistant Professor of Pediatrics at the University of Texas Medical Branch in Galveston. He also has served as Chief of Pediatrics at the U.S. Naval Hospital in Quantico, Virginia and studied as a Fellow in nephrology at North Carolina School of Medicine. He and his wife, Anne, have three children.

Dr. Paul Rodenhauser, 213 Kelso Dr., Hagerstown, Md., has been granted consulting privileges at Waynesboro Hospital. Waynesboro, Pennsylvania. He served his residency at Sheppard and Pratt Hospital in Towson, Maryland, has been associated with Brook Lane Psychiatric Center in Maryland and has served on the faculty at Johns Hopkins School of Medicine.

1964

Dr. Henry I. Babitt, 4623 Hawksbury Rd., Baltimore, is a Diplomate in Cardiovascular Disease as well as internal medicine. He writes that his third daughter, Wendy Lauren, was born March 9, 1975.

Dr. John P. Heilman, Corps Surgeon, Hq. V Corps, APO New York, writes that his son John P. III was born on April 7, 1975 in Fort Hood, Texas.

Dr. James J. Houser, 122 Prospect Ave., Franklin, Pa., a member of the Franklin Hospital Medical Department, has been elected to Fellowship in the American College of Physicians. A Diplomate of the National Board of Medical Examiners and the American Board of Internal Medicine, he has been named Chairman for Hypertension Screening and Coronary Risk Detection for the Northwestern Pennsylvania Chapter of the American Heart Association.

Dr. Charles W. Nichols, 806 Old Gulph Rd., Bryn Mawr, Pa., has been honored with a Lindback Award for Distinguished Teaching at the University of Pennsylvania School of Medicine. An Assistant Professor of Ophthalmology and Pharmacology at Penn, Dr. Nichols is on the staff of Scheie Eye Institute and is doing research in ophthalmic pharmacology.

Dr. Milton J. Sands has joined the staff of the New Britain General Hospital. Dr. Sands completed a two-year residency at Jefferson and then became a Fellow in pulmonary disease at Temple, also serving a two-year Fellowship in cardiology there. At Temple, he

is the rare individual among us who will ever write a book of any kind, on any subject, and have it published. Rarer still is the man who has a book published on a technical topic which makes a unique contribution to a profession other than his own. With the recent publication by MIT Press of *Architecture in Philadelphia: A Guide* Dr. Edward Teitelman '63 joins this unusual number.

Dr. Teitelman, a psychiatrist, has no formal training as an architectural historian but he has devoted a great deal of time to studying the subject since his days as a medical student. His interest began when he agreed to photograph notable Philadelphia buildings as a favor to a Dickinson College (his undergraduate alma mater) art history professor. When he found that he needed more background than he had to do an adequate job, he made time in his medical school schedule to research the topic. Summers he began working for the Philadelphia Historical Commission doing the same kind of research.

As his interest grew, so did the range of his activities and the time he devoted to them. The early photographs of the Delaware Valley became the nucleus of an ever-growing slide collection, selections from which Dr. Teitelman still reproduces regularly for architectural educators around the world. He has published several catalogues of his collections. His travels, even including his honeymoon, always allowed time for "architecting," seeking out homes and buildings of architectural interest and "in a good medical student obsessive fashion" researching their histories and recording the information on note cards. He's met many interesting people this way and has amassed a set of card catalogues which rival the files of the Alumni Office for sheer bulk. He has even received grants from various foundations to pursue his studies.

Because architectural history has only recently become recognized as a legitimate scholarly undertaking, Dr. Teitelman can conduct a full-time psychiatric practice and still be considered one of the "experts" in Philadelphia architectural history. He met the guidebook's co-author, an almost Ph.D. in architectural history who was at the time an architecture student at Penn, because he alone had the material Richard Longstreth needed to complete his senior thesis on Philadelphia architecture. The thesis, many

The Layman as Expert

collaborative revisions and amplifications later, became *Architecture in Philadelphia: A Guide*.

That metamorphosis was not as straightforward as it sounds. Finding a publisher was the first obstacle, and they made enquiries at what would appear to be the logical places in the Philadelphia area. The University of Pennsylvania's Press deemed the work insufficiently scholarly, and Temple's interest was compromised by the precipitate demise of its fledgling press. Lippincott questioned the book's commercial possibilities and asked for financial guarantees, the arrangement under which most books of this type are published. MIT Press eventually accepted the book without financial backing but with the understanding that it would be entirely rewritten; and entirely rewritten it was despite Richard Longstreth's being on what Dr. Teitelman calls a Navy tugboat in the Pacific for much of the revision period. The final manuscript was sent to MIT in 1971, where it sat for more than a year while a compendium of Frank Lloyd Wright's works was finished. The inevitable periods of copy editor-induced frenzy and subsequent nightmarish marathons of galley and page proof reading finally ended in January, 1975 when the book, Dr. Teitelman notes, "oozed out" amidst no pomp. MIT's publicity campaign was, to say the least, low key. Several area bookstores initially had Xerox copies of the manuscript to allow advance sales prior to actual publication. Far from being booked to autograph copies in Wanamaker's Grand Court, the authors were not even informed when or where the published book would appear in the city. Dr. Teitelman himself had to arrange for a copy to be sent to the *Inquirer's* Architecture Editor, at the Editor's request.

"Sales have not been overwhelming," says Dr. Teitelman, "But this, like a medical text, is a book for the long run. It is the only book of its kind that is current, and unless they demolish the city, it should be useful for some time." It should be noted, too, that the publication of a book about Philadelphia architecture by a Boston (Cambridge) firm is less ironic than it appears; MIT is perhaps the leading publisher of architectural material in the country.

Dr. Teitelman, who had production experience as Editor of the 1963 *Clinic*, had strong input into the book's physical design,

which attempted a compromise between scholarly needs and ease of portability in touring the city. It is an aesthetically appealing volume, with an open feel design and a restrained modern type face. Because of its relatively steep price (\$27.50) libraries are expected to be the book's major market. It would, however, be a perfect companion for the Bicentennial tourist who wanted to take in sights and structures more esoteric than Independence Hall and take home a souvenir more meaningful than a plastic Liberty Bell.

The *Guide's* text also is probably more literate and entertaining than most Philadelphia tour guides one is likely to encounter. The copy is urbane and easily understood by the layman. Although the original manuscript included the entire Delaware Valley area, prohibitive costs restricted the final version to Philadelphia proper, covering center city, Fairmount Park, North, South and West Philadelphia, the Northeast and Germantown. The text precedes the captioned photographs (taken by the authors) which make up the bulk of the book. While the text is for the most part an historical summary, current trends are also recorded in words and photos. Beauty, however defined, was not the criterion for inclusion in the book. Neither was selection limited to mansions or monuments; Hopkinson House, the Schuylkill Falls Public Housing and even a Gulf station all appear because they each represent a particular style or a unique way of dealing with a certain problem or limitation. This is not to say that the book is an wholly objective presentation; the point of view is subtle, but defined.

Not surprisingly, Dr. Teitelman has become interested in medical architecture, specifically psychiatric architecture, and he has found his historical research very useful in approaching current problems. He is, for example, on the Board of Managers at Friends Hospital, which was one of the earliest psychiatric facilities, dating back to 1813. The original building, designed with small individual rooms to force occupants into the large adjoining communal areas, is still in use. Difficulties with government regulations have dictated that a new building be constructed, but the old communal environment will be retained in the new edifice. This has all manner of revisionist implications for the traditionally held view that there was no competent psychiatry before Sigmund Freud.

The historical study of psychiatric architecture has had implications for Dr. Teitelman's own practice as well. He has moved more and more to the idea of a community mental health center and practices in a group where patients have a primary physician but see other doctors in the group when advisable. This arrangement also allows him some freedom for what it seems



Dr. Teitelman: living with Wilson Eyre.

understatement to call his avocation.

Even Dr. Teitelman's Camden home is the product of his architectural studies. He has become, he says by default, the discipline's expert on turn of the century Philadelphia architect Wilson Eyre, Jr. In the course of his Eyre research he discovered the home he eventually bought and in which he and his family now live. Typical of Eyre's design, the Cooper Street house is artfully asymmetrical, capitalizing on the geometrically unexpected and the craftsman's attention to detail. It was designed for comfort and seems eminently liveable. Many of the home's original fixtures remain and have been refurbished by the Teitelmans. To these have been added Dr. Teitelman's collection of demolished building memorabilia: a Kahn brick, a Furness grating, a block or railing or frieze from any number of departed edifices. It makes the decor eclectic to say the least, but it is so individual and so seemingly inevitable that one is struck after leaving the house with how unimaginative and sterile other more

House and Gardenesque interiors seem by comparison.

Although architecture is obviously a topic Dr. Teitelman takes seriously, neither he nor his book are reverential or self-important. His home and conversation display a sense of humor about the subject that emerges in the book as well. With a co-author he describes as similarly inclined, the authors tried to balance scholarly accuracy with occasional meaningful wit. Their description of the Northeast's Frankford el, for instance, notes that "its industrial frankness lends a certain vulgar intrigue" to the streets below. The section on the Northeast, which, to be kind, they tolerate, in large measure because "it is Philadelphia," is preceded by a picture with Dr. Teitelman in the background (in a jumpsuit) looking disapprovingly at some of its omnipresent rows of rows. Devotees of the *double entendre* will appreciate this final Northeast comment. "Much of the new Interstate 95 is elevated and allows the motorist to overlook the area in a matter of minutes."

had been an Assistant Professor of Medicine, Assistant Director of Cardiac Surgical Service, Assistant Director of the Cardiac Catheterization Lab and Coordinator of cardiopulmonary intensive care. He is certified by the American Board of Internal Medicine.

Dr. Robert M. Steiner, an attending physician in the Department of Radiology at Einstein Medical Center's Daroff Division and a Clinical Associate Professor of Radiology at Jefferson, has been reelected Secretary of the medical staff at Daroff.

Dr. Curtis T. Todd has been named Associate Professor of Obstetrics and Gynecology at the University of Nebraska College of Medicine. He has been an Associate Professor at the University of Kansas since 1970.

1965

Dr. Edward R. Corcoran, 4211 La Dega Ct., Tampa, Fl., resigned from the County Health Department and went into the private practice of obstetrics and gynecology in Tampa.

Dr. Joseph W. Smiley, 604 Argyle Ci., Wynnewood, Pa., is Board-certified in nephrology and has been elected to Fellowship in the American College of Physicians.

Dr. J. Dennis Steen, 222 Geri La., Richmond, Ky., is practicing ophthalmology in Richmond. He is Assistant Chief of Staff at Patti A. Clay Hospital and a Clinical Instructor of Ophthalmology at the University of Kentucky. Dr. Steen's wife, Irene, is a lawyer.

Dr. Robert Thompson, Zumbrota Health Facility, Zumbrota, Mn., has settled in rural southern Minnesota at a satellite clinic of the Mayo Clinic. Previously he had practiced at the Willmar, Minnesota Medical Center before joining the Mayo staff in 1971. He spent 1967 and 1968 along the Yukon River in Alaska, treating Eskimos and Indians.

1966

Dr. William V. Chase, 11 Salisbury Rd., Keene, N.H., is in the practice of general and vascular surgery with the Keene Clinic. He writes that he served in the U.S. Army for two and one-half years in Fairbanks, Alaska.

Dr. I. Paul Chudnow, El Dorado Estates, 7400 S.W. 6th St., Plantation, Fl., has been certified by the American Board of Obstetrics and Gynecology and elected to Fellowship in the American College of Obstetrics and Gynecology. He is in solo practice in Plantation and is Vice-Chief of Staff at University Community Hospital in Tamarac.

Dr. Nathan Cohen, 140 Kent Ct., San Bruno, Ca., has been appointed Chief of Psychiatry at Kaiser-Permanente Medical Center in

South San Francisco and is teaching at Pacific Medical Center in San Francisco. "Two other alumni, **Phil Morgan '61** and **Dave Esick '69** are also at Kaiser South."

Dr. William R. Collini, 9 Stonehedge Terr., Sparta, N.J., has been elected a Diplomate of the American Board of Urology. He practices in association with another physician in Newton and Hackettstown, New Jersey. A Clinical Instructor of Urology at the New Jersey College of Medicine in Newark, he is on the medical staffs of Newton Memorial Hospital and Hackettstown Community Hospital.

Dr. Barton J. Freidman, 1023 Rymill Run, Cherry Hill, N.J., practices pediatrics in Haddonfield. He has a teaching appointment at Jefferson and is on the staff of St. Christopher's Hospital for Children and Our Lady Of Lourdes Hospital. He and his wife have two children.

Dr. Steven A. Friedman, 216 Brentwood Rd., Havertown, Pa., is practicing pulmonary medicine at Delaware County Memorial Hospital, Mercy Catholic Medical Center and Riddle Memorial Hospital. His third child, Stacey Ruth Ann, joined his sons, Douglas and Craig.

Dr. Joseph R. Hooper, 1843 Holly Dr., Camp Hill, Pa., formerly of the Cleveland Clinic, is now Director of the heart surgery program at York Hospital. Certified by the American Board of Surgery in 1974, Dr. Hooper was a Fellow in cardiovascular surgery at the Cleveland Clinic for the last two years.

Dr. James S. Paolino, 9 Silver Spring Rd., W. Orange, N.J., is a Fellow of the American College of Physicians.

Dr. Carl L. Reams, 444 S. Kingsley Dr., Apt. 236, Los Angeles, is taking a one-year Fellowship in otology with the Otologic Medical Group and the Ear Research Institute in Los Angeles. He was married in May, 1975 and plans to return to Geisinger Medical Center in Danville in January, 1976.

1967

Dr. Allan M. Arbeter, 380 Merion Rd., Merion Station, Pa., is an Assistant Physician at Children's Hospital of Philadelphia with a subspecialty in infectious diseases. He and his wife have three daughters.

Dr. Joseph P. Chollak, 184 Brookside Dr., Medford, N.J., has been certified by the American Board of Family Practitioners.

Dr. Joel B. Jurnovoy, Delaware County Medical Center, Broomall, Pa., is practicing dermatology and is a Clinical Consultant in Dermatology at the Skin and Cancer Hospital of Temple University Medical School.

Dr. Stanton I. Moldovan, 8010 Buffalo Speedway, Houston, has completed training

in neurology and has begun private practice and teaching at Baylor College of Medicine as an Assistant Professor of Neurology and Psychiatry.

Dr. J. David Sabow, 717 Meade St., Rapid City, S.D., is in the private practice of neurology in the Black Hills area of South Dakota. He completed his neurology residency at the University of Minnesota in 1972.

Dr. Harvey W. Scholl, Jr., 9601 Ditman St., Philadelphia, has been appointed Assistant Professor of Radiology at the Hospital of the University of Pennsylvania. He and his wife have four children, two boys and two girls.

Dr. James M. Sumerson, 43 Forest Hill Dr., Cherry Hill, N.J., announces the birth of his third child, Rachel Beth, on February 8, 1975.

Dr. Matthew White, Naval Hospital, Bremerton, Wa., passed his family practice Boards and was elected to Fellowship in the American Academy of Family Practitioners. He is practicing with four other physicians at the Naval Hospital.

Dr. Melvyn A. Wolf, 1219 Lois Rd., Ambler, Pa., has completed his ophthalmology residency at George Washington University and has begun practicing in Ambler.

Dr. Gary L. Wolfgang, 100 Laura Dr., R.D. #4, Danville, Pa., is an Associate in orthopaedic surgery at Geisinger Medical Center in Danville. He and his wife, Janet, have three daughters, Lynn, Kristi and Beth.

1968

Dr. Wilfred I. Carney, Jr., H-21, 275 Bryn Mawr Ave., Bryn Mawr, Pa., is in the U.S. Navy at Philadelphia Naval Hospital until July, 1976. He completed his surgical residency at Tufts New England Medical Center in 1974. He and his wife, Linda, have one daughter.

Dr. Mark R. Glasberg, U.S. Army Hospital, Department of Neurology, APO San Francisco, was the neurologist at the Army hospital in Seoul, South Korea. He began a neuropathology Fellowship at the Armed Forces Institute of Pathology in September.

Dr. Joseph P. Glaser, Psychiatric Liaison Service, University of Rochester Hospital, Rochester, N.Y., has left Europe after his tour with the Army and is an Assistant Professor of Medicine and Psychiatry at the above Medical Center.

Dr. Carl J. Pergam has been named Assistant Professor of Radiology at the University of Nebraska College of Medicine where he completed his residency. He was previously with the United States Public Health Service for two years.

Dr. Nelson Sirlin, 5200 E. Grant Rd., Ste. 103., Tucson, Az., is Board-certified and en-

gaged in the practice of obstetrics and gynecology.

Dr. Allan W. Skrenta, 10143 Pasture Gate La., Columbia, Md., has begun the private practice of radiology at South Baltimore General Hospital following a tour of duty in the Air Force.

Dr. James B. Turchik, 3617 Pine Rd., Portsmouth, Va., is Board-certified in infectious disease. He is now an Assistant Professor of Medicine at the Upstate Medical Center of the State University of New York and is associated with the Syracuse V.A. Hospital in the Division of Infectious Diseases.

Dr. Donald G. Urban, R.D. 2, Box 122, Newville, Pa., writes that he is in general practice with classmate **Anthony Townsend**. He was married in 1972.

1969

Dr. Richard L. Allman, Liberty Square Medical Cntr., Ste. 107, Allentown, Pa., has been named Assistant Chief of Medicine at Allentown General Hospital.

Dr. Van S. Batchis, 399 Broadway, #44, Cambridge, Ma., completed an adult psychiatry residency at Beth Israel Hospital and his Fellowship in psychiatry at Harvard Medical School. He is now in private practice in Boston.

Dr. Stanley N. Brand, 57-93 228th St., Bay-side, N.Y., is a second year Fellow in gastroenterology at Montefiore Hospital in the Bronx.

Dr. Martin J. Durkin, 656 Mulford Rd., Wyncote, Pa., is certified in psychiatry by the American Board of Psychiatry and Neurology. He and his wife, Mary Jane, had their first son, Joey, born May 22, 1975.

Dr. Robert H. Friedman, 860 Clermont St., Denver, Co., is an Assistant Professor of Neurology and Chief of EEG at the Medical College of Wisconsin. He and his wife have a young daughter, Michelle.

Dr. Philip H. Geeter, 22 Hickory La., Chalfont, Pa., has joined the staff of Quakertown Community Hospital in the Department of Ophthalmology. Dr. Geeter served his internship at Mercy Hospital in San Diego and his residency at Jefferson.

Dr. Michael J. Ginieczki, 216 Belhaven Ave., Linwood, N.J., is in the private practice of urology at Shore Memorial Hospital, Somers Point, New Jersey. He completed his residency at Jefferson. Dr. Ginieczki and his wife, Michele, have three sons, Boyce, 5; Brandon, 3; Taylor, 1.

Dr. Salvatore P. Girardo, 2517 S. Colorado St., Philadelphia, completed a Fellowship in cardiology at Temple in June, 1974. He is now practicing cardiology in Philadelphia

and is on the staff at Methodist Hospital and Jefferson, as well as being a Clinical Instructor in Medicine at Jefferson. Dr. Girardo is married and has two children.

Dr. H. Roger Hansen, 20 Claremont Ave., Maplewood, N.J., became a Diplomate of the American Board of Orthopaedic Surgery last September. His wife, Nancy, is Director and Head Teacher of their church nursery school and a member of the Board of Planned Parenthood of Essex County.

Dr. David F. Henderson, 59 Kirby Rd., S. Burlington, Vt., has finished his medicine residency and has entered solo family practice in Bristol, Vermont. He and his wife, Sheila, have three children.

Dr. Vincent T. Randazzo, 35 Meadow Wy., Red Bank, N.J., has begun private practice in internal medicine in Monmouth County, New Jersey.

Drs. Paul and Linda Weinberg, 37 Park Ave., Natick, Ma., have a 1-year-old son, Joshua. "Paul is taking a cardiac pathology residency at Children's Hospital Medical Center, and Linda is on the staff there. Paul recently became Boarded in pediatric cardiology."

1970

Dr. Louis Vignati, 16 Manchester Rd., Newton Highlands, Ma., is a research Fellow at the Joslin Clinic.

Dr. Stephen M. Woodruff, 1426 Avon Pl., Pittsburgh, is a third year resident at Magee Womens Hospital.

1971

Dr. Thomas R. Borthwick, 610 Mt. Vernon Ave., Haddonfield, N.J., was the Aerospace Defense Command's Outstanding Flight Surgeon of the Year for 1974. Dr. Borthwick, who is now a resident in internal medicine at Jefferson, was promoted to the rank of major before he separated from active service. He continues in the Air Force as a Flight Surgeon in the Air National Guard. He and his wife, Virginia, have two children.

Dr. Robert E. Chandlee, 903 S. Ashland Blvd., Apt. #103, Chicago, is in the third year of a diagnostic radiology residency at Rush-Presbyterian-St. Luke's Medical Center. His wife, Barbara, a graduate of Jefferson's Nursing School, continues her work in the outpatient medicine clinic of the same institution.

Dr. Scott S. Duffy, 1305 Dogwood Dr., W. Lawn, Pa., has been accepted into membership of the Berks County Medical Society. He served his internship and residency in internal medicine at the Reading Hospital and Medical Center and is practicing internal medicine in West Reading.

Dr. Phillip Glass, 1919 Chestnut St., Philadelphia, has been appointed an Instructor in Obstetrics and Gynecology at Jefferson.

Dr. James J. Nocon, 1915 E. Glendale Ave., Milwaukee, Wi., has been appointed Assistant Professor of Obstetrics and Gynecology at the University of Wisconsin and is a Fellow in perinatology and Director of the residency program at Mt. Sinai Medical Center of the University of Wisconsin.

Dr. Susan Monk Pacheco, 4371 E. Springcreek Dr., Dayton, Oh., is working parttime in pediatrics. Her husband, Jaime, is Chief of Hematology at the Dayton V.A. Hospital.

Dr. Augustin J. Schwartz, III, Palm Beach Medical Group, 705 N. Olive Ave., W. Palm Beach, Fl., is practicing internal medicine, oncology and hematology in association with the above group.

Dr. Robert C. Snyder, 408-A Stamper-Blackwell Walk, Philadelphia, is a resident in pathology at the University of Pennsylvania Hospital. He is pianist and chamber music player in the Philadelphia area.

1972

Dr. James P. Blore, 108 Craven Dr., Havelock, N.C., has begun two years in the Navy, stationed at the Marine Corps Air Station in Cherry Point, North Carolina. He and his wife announce the birth of their second son, Eric Andrew, who was born on March 26, 1975.

Dr. Philip J. DiGiacomo, Jr., 513 Paddock Rd., Havertown, Pa., completed his residency in internal medicine at Lankenau Hospital and has been appointed to a Fellowship in gastroenterology at the Presbyterian-University of Pennsylvania Medical Center.

Dr. Alan S. Friedman, 1925-2e Eastchester Rd., Bronx, N.Y., was chosen as one of the two chief residents in diagnostic radiology at Bronx Municipal Hospital Center for 1975-76.

Dr. Gail Tenikat Jacoby, 66 Corwin St., Apt. 20, San Francisco, has finished her second year of a dermatology residency at the University of California, San Francisco. She presented a paper at the Residents' Forum of the American Academy of Dermatology meetings last year. Her husband **David Jacoby '73** has completed his first year as an internal medicine resident at Mt. Zion Medical Center. They wrote that they were expecting their first child in August.

Dr. Morton M. Rayfield, 2512 N. 4th St., Harrisburg, is a resident in the Department of Surgery at the Milton S. Hershey Medical Center.

Dr. Carol A. T. Rivera, Edificio Oliver #308, Arecibo, P.R., has finished her resi-

dency in internal medicine and begun private practice as an internist in Arecibo.

Dr. Barry P. Skeist, 2401 Pine St., Philadelphia, who presented a satirical routine at the 1975 Annual Business Meeting of the Alumni Association, has been reelected President of the TJU choir.

Dr. John R. Tyler has begun a family practice in Blue Hill, Maine. He and his wife, Betty, have four children.

1973

Dr. John H. Benner, 205 E. Athens Ave., Ardmore, Pa., is an orthopaedic resident at Jefferson.

Dr. Michael H. Bryant, 1120 Rodman St., Philadelphia, has begun an orthopaedic residency at Jefferson.

Dr. Fredric R. Gottlieb, 353 E. 17th St., 21H, New York, has begun a residency in urology at Albert Einstein College of Medicine.

Dr. David A. Jacoby, 66 Corwin St., Apt. 20, San Francisco, has completed his first year as an internal medicine resident at Mt. Zion Medical Center. His wife **Gail Tenikat Jacoby** '72 has finished her second year of a dermatology residency at the University of California, San Francisco. They wrote that they were expecting their first child in August.

Dr. Stephanie Snead Poellnitz, Gatewood Apts., #536, Neshaminy Blvd., Cornwells Hts., Pa., was married to Fred D. Poellnitz, Jr., in August of 1974. He has his M.B.A. from Harvard University and is employed as a business consultant for Touche-Ross Co. Dr. Poellnitz is a first year resident in radiology at Bryn Mawr Hospital.

Dr. Joseph Sassani, Apt. L-210; 250 Beverly Blvd., Upper Darby, Pa., is an ophthalmology resident at the Scheie Eye Institute.

1974

Dr. Bruce C. Berger, 7740 B. Stenton Ave., Philadelphia, is a resident in internal medicine at Lankenau Hospital.

Dr. Albert L. Blumberg, 1431 10th Ave., #1, San Francisco, has completed a straight medical internship at TJU Hospital and has started a residency in radiation therapy at Moffitt Hospital of the University of California, San Francisco.

Dr. John V. Cattie, TJU Hospital, Philadelphia, is a general surgery resident. He and his wife, Maureen, who works in the emergency room and SPU at TJU Hospital, have celebrated their second wedding anniversary. They have one son.

Dr. William A. DiCuccio, 208 Edgewood

Rd., Butler, Pa., announces the birth of a son, William C., born to his wife, Gail, on February 22, 1975 at Jefferson.

Dr. John Hermanovich, Jr., 700 Ardmore Ave., Ardmore, Pa., is a first year resident in internal medicine at Lankenau Hospital.

Dr. John J. Karlavage, 1417 A Confederate Ave., Columbia, S.C., finished his rotating internship at Wilson Hospital and has begun a psychiatry residency at William S. Hall Psychiatric Institute, a division of the South Carolina Department of Mental Health.

Dr. Gary B. Kaskey, 22 Beverly St., Rochester, N.Y., has been named a Steinman Fellow. Dr. Kaskey, who was a member of the Penn State program at Jefferson, hopes to study the psychotic process.

Dr. Jeffrey K. Kohn, 6201 N. 10th St., Apt. 312, Philadelphia, is a resident in community psychiatry at Hahnemann Hospital and Medical College.

Dr. Stephen Lichtenstein, Hopkinson House, Apt. 2109, Philadelphia, is an ophthalmology resident at Wills Eye Hospital.

Dr. John P. Lubicky, 2085 Pompey Spring Rd., Apt. 3, Richmond, Va., received an award from the Department of Surgery as the Outstanding Surgical Intern of the Year at the Medical College of Virginia Hospitals, where he is now a junior assistant resident in surgery.

Dr. Cedric W. McClinton, Fox Spring Farm, R.D. 1, Dallastown, Pa., is in family practice and living on a 160-acre farm with his wife, Jane, and two cats.

Dr. Vincent A. Pellegrini, 304 Brentwood Rd., Havertown, Pa., is a resident in obstetrics and gynecology. He and his wife had their first daughter, Cara Nadine, on February 5, 1975.

Dr. Alfred G. Vasta, 1315 N. 75th St., Apt. 4-D, Philadelphia, was married to Vicki Mease of Quakertown on May 31, 1975. He is specializing in internal medicine.

Dr. Harold B. Wighton, Providence Hospital, 17th & Jefferson Sts., Providence, R.I., writes that he flew a 1939 Luscombe monoplane from Los Alamos, New Mexico to Seattle.

1975

Dr. Gerald P. Durkan was married in June to Miss Susan L. Valentine. He is now a resident in internal medicine at Norwalk Community Hospital in Connecticut.

Dr. Thomas J. Mizianty has been selected as one of the first residents in the United Health and Hospital Service, Inc., a family practice residency. Under the sponsorship of the UHHS, 17 health-related agencies are supporting this program.

Obituary

Charles R. Sharpe, 1914

Died February 17, 1975 at the age of 89. A specialist in eye, ear, nose and throat, he practiced in Lexington, North Carolina. Dr. Sharpe was a member of many civic groups in Lexington and was a Trustee of Wake Forest College, his undergraduate alma mater. He is survived by his widow, Eula, and a daughter.

Asa M. Lehman, 1915

Died June 15, 1975 at the age of 86. A retired colonel in the Army Medical Corps, Dr. Lehman had been administrator of Northeastern Hospital in Philadelphia from 1951 until 1974 when he retired and became emeritus administrator. He is credited with modernizing and expanding the facilities at Northeastern. In 1940 he was appointed a Professor of Military Science and Tactics at Jefferson, where he served until 1942 when he assumed command of a hospital center in Worcester, England. The Center cared for many D-Day casualties. In 1961 a nursing school facility was named Lehman Hall. He is survived by a son, Hugh.

Stanley M. Winter, 1915

Died March 28, 1975 at the age of 86. The retired physician lived in Nanticoke, Pennsylvania. He is survived by a son.

Ernest J. Nitschke, 1916

Died February 21, 1975 at the age of 90. The Philadelphia urologist was certified by the American Board of Urology.

Hiram Randall, 1916

Died June 20, 1975 at the age of 81. Dr. Randall had practiced in Binghamton, New York since 1922. A graduate of Brown University, he also had studied at the University of Pennsylvania and the University of Vienna. A Fellow of the American College of Surgeons, he was certified by the American Board of Ophthalmology and Otolaryngology and a member of many local societies. He is survived by two sons and two daughters.

Harry W. Bailey, 1917

Died June 14, 1975 at the age of 82. Dr. Bailey held office hours and made house calls until the time of his death in Ta-

maqua, Pennsylvania. Dr. Bailey did post-graduate work at the University of Edinburgh and the University of Virginia. A specialist in disorders of the eye, ear, nose and throat, Dr. Bailey was President of the Tamaqua Board of Health for 23 years. A past President of the Schuylkill County Medical Society, and Lehigh Valley Medical Society, Dr. Bailey was active in his community. In 1974 he was named Outstanding Citizen of the Year by the Tamaqua Chamber of Commerce. He is survived by his widow, Mary.

Jeraro Barreras, 1918

Died November 7, 1974. Dr. Barreras practiced general surgery in Caguas, Puerto Rico.

Wendell H. Perry, 1919

Died February 2, 1975. Dr. Perry had practiced internal medicine and lived in San Diego, California.

Jabez H. Williams, 1920

Died November 15, 1973. The retired physician resided in Thomasville, North Carolina.

Douglas L. Gamette, 1921

Died July 12, 1975 at the age of 79. Dr. Gamette, who had been Medical Director for the Union Pacific Railroad from 1947 to 1966 when he retired, resided in Los Angeles. He was an emeritus staff member of the Hospital of the Good Samaritan and the Los Angeles General Hospital Orthopaedic Service. A Fellow of the American College of Surgeons, Dr. Gamette was a member of the National Industrial Medical Association, the Fifty Year Club of American Medicine and many other professional groups. He is survived by his wife, Eloise, and two sons.

Anthony C. Bonatti, 1923

Died August 10, 1975 at the age of 76. Dr. Bonatti was a retired eye, ear, nose and throat specialist from New Kensington, Pennsylvania. He had been residing in Fort Lauderdale, Florida for the past five years. Surviving are his widow, Theresa, and a son **William D. Bonatti, M.D. '59**

Bennette B. Pool, 1923

Died December 17, 1974. The retired

allergist had lived in Winston-Salem, North Carolina. His wife survives him.

Victor J. Baluta, 1924

Died June 15, 1975 at the age of 79. Dr. Baluta began the practice of medicine in Shamokin, Pennsylvania in 1925. He was a member of several local and national medical organizations and of local civic groups. He is survived by three daughters.

John D. Trevaskis, 1925

Died February 26, 1975 at the age of 82. The retired physician had lived in Brielle, New Jersey.

Edward C. Crowl, 1926

Died July 9, 1975 at the age of 74. Dr. Crowl practiced medicine in Elysburg, Pennsylvania for 35 years, after which he was on the staff of Danville State Hospital for 11 years. He was also a member of the staff of the Bloomsburg Hospital for many years. He retired from medical practice in 1973. Dr. Crowl is survived by his widow, Barbara, and two sons.

Walter T. Tice, 1927

Died April 16, 1975. The High Point, North Carolina physician was an Affiliate of the Royal Society of Medicine.

Clarence B. Whims, 1927

Died April 17, 1975. Dr. Whims had practiced internal medicine in Ventnor, New Jersey.

Clarence A. Bowersox, 1928

Died May 3, 1975. Dr. Bowersox, a specialist in cardiovascular diseases, practiced in Woodbury, New Jersey.

Franklin F. Osterhout, 1928

Died August 9, 1975 at the age of 72. Dr. Osterhout practiced obstetrics and gynecology in Philadelphia until 1949 and then had a general practice in Morwood, Pennsylvania. Dr. Osterhout was a member of the American College of Surgeons. He is survived by his wife, Marie, and two daughters.

Albert J. Sekerak, 1928

Died July 10, 1975. Dr. Sekerak was an

associate in ear, nose and throat Department at St. Francis Medical Center in Trenton, New Jersey. A member of the New Jersey Academy of Ophthalmology and Otolaryngology, Dr. Sekerak also held membership in the Mercer County Medical Society and the New York Plastic Society, among others.

Paul J. Chambers, 1929

Died July 13, 1975 at the age of 68. Dr. Chambers, who began his medical career practicing at the American Hospital in Paris, eventually set up practice in Charlotte, North Carolina. He also had a degree in public health from Johns Hopkins University. Dr. Chambers is survived by his widow, Mary Ellen, two sons and two daughters.

Roland W. Banks, 1931

Died November, 1973. The internist had practiced in Wauchula, Florida.

Herman L. Rudolph, 1935

Died April 28, 1975. A specialist in physical medicine and rehabilitation, Dr. Rudolph resided in Reading, Pennsylvania. A past President of the American Congress of Physical Medicine and Rehabilitation, Dr. Rudolph was selected as Pennsylvania Physician of the Year in 1965 by the Governor's Committee on Employment of the Handicapped. Also a past President of the Pennsylvania Academy of Physical Medicine and Rehabilitation Medicine, Dr. Rudolph had been an Assistant Professor of Physical Medicine at Jefferson.

Richard L. Counts, 1936

Died June 24, 1975 at the age of 65. Dr. Counts was a general practitioner in Chillicothe, Ohio. He was a member of the Board of Directors of the Ohio Academy of Family Physicians. He is survived by his wife, Kathleen, a son and a daughter.

William G. Thalmann, Jr., 1937

Died February 12, 1975 at the age of 61. Dr. Thalmann, of Long Valley, New Jersey, was certified by the American Board of Internal Medicine.

Carl C. Kessler, 1940

Died July 24, 1975 at the age of 61. The

plant physician at Aluminum Co. of America, Dr. Kessler also conducted a private practice in Lancaster, Pennsylvania. He was a staff member of St. Joseph Hospital there and a member of the Lancaster City, County and Pennsylvania Medical Societies. Dr. Kessler is survived by his widow, Dorothy, and three children.

Francis B. Markunas, 1940

Died April 21, 1975 at the age of 60. Chief of the Radiology Department at Holy Spirit Hospital in Camp Hill, Pennsylvania, Dr. Markunas was Director of Medicine at the School of Radiological Technology there. He was also a radiologic consultant to the Veterans Administration. A member of the American College of Radiology, the Radiological Society of North America and the Philadelphia Roentgen Ray Society among others, Dr. Markunas is survived by his wife, Maud, eight daughters and a son.

Richard Shugart, 1946

Died June 24, 1973. Dr. Shugart specialized in internal medicine in Columbia, South Carolina.

Harvey J. Breslin, 1954

Died July 2, 1975 at the age of 46. Dr. Breslin, an ophthalmologist, lived in Great Neck, Long Island. He is survived by his widow, Bobbie, two daughters and two sons. Dr. Breslin served as President of the New York Chapter of the Jefferson Alumni Association and Vice President for the state of New York.

Stephen F. Kratzinger, 1962

Died September 3 at the age of 38. Dr. Kratzinger was a general surgeon on the staffs of Mercy Catholic Medical Center, St. Agnes Hospital and Delaware County Memorial Hospital. He had been a surgeon in the Army Medical Corps. He was a Fellow of the American College of Surgeons. Dr. Kratzinger is survived by his wife, Patricia, a son and a daughter.

William M. Eboch, Jr. 1968

Died March 12, 1975 at the age of 32. An obstetrician-gynecologist, Dr. Eboch

lived in Cambell, Kentucky. He is survived by his wife and daughter.

Peter R. Bonafide, 1969

Died July 2, 1975 of multiple myeloma at the age of 30. A graduate of Georgetown University, he served his internship at St. Francis Hospital and his residency at Yale-New Haven Medical Center. He was an obstetrician-gynecologist, certified by the National Board of Medical Examiners, and a member of several professional societies. He was also an associate of the American Fertility Society. He is survived by his wife, Maria, and son Peter.

James A. Brooks, 1972

Died December 3, 1974. A dermatologist, Dr. Brooks lived in Grosse Pointe, Michigan.

Ward D. O'Sullivan, Faculty

Died August 12, 1975 at the age of 58. Dr. O'Sullivan, who had been Chairman of the Department of Surgery at Jefferson affiliate Mercy Catholic Medical Center, was a Clinical Professor of Surgery at Jefferson. Dr. O'Sullivan was Director of Medical Education at MCMC and was instrumental in forming the affiliation with Jefferson. A graduate of Cornell University Medical School, he had been an Associate Professor of Surgery there before coming to Mercy Catholic. Dr. O'Sullivan was a member of many medical societies and had published 32 papers. He received two awards from Fordham University, his undergraduate alma mater, for his achievements. Dr. O'Sullivan is survived by his widow, Katherine, three daughters and a son.

John D. Wallace, Faculty

Died June 22, 1975 at the age of 55. A research Professor of Radiology and Pediatrics at Jefferson, Dr. Wallace was a pioneer in early detection techniques for breast cancer. A Doctor of Philosophy, he had published many articles in medical journals and had recently published a book on clinical thermography. He was a member of professional societies throughout the world. Dr. Wallace is survived by his wife, Jeanne, three daughters and a son.

Clockwise from upper right:

Independence Hall;

Carpenters Hall;

Society Hill;

Head House Square;

Flyers victory parade;

*Freedom Week activities,
Independence Hall*

January 1
Opening of Liberty
Bell Pavilion

January 12 to 18
Benjamin Frank-
lin's Birthday Party
including Kite Fly-
ing Contest the
17th

January 13
NBA All Star
Game, the
Spectrum

January 23
Bicentennial Track
Classic, the
Spectrum

January 27
NHL All Star
Game, the
Spectrum

February 2
Reception for Or-
thopaedic Surgeons
New Orleans

February 11
National Inventor's
Day, Congress Hall

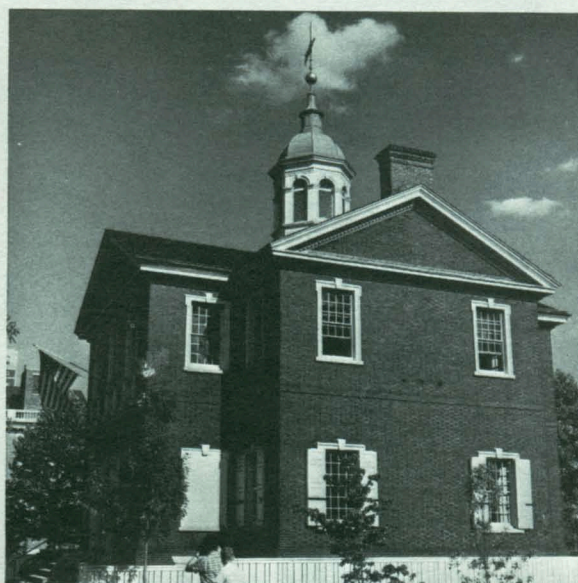
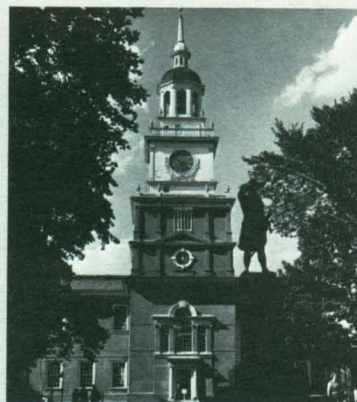
February 14 to 21
Presidents' Week
for Lincoln and
Washington Spe-
cial Ceremonies

February 26
The Alumni Associ-
ation's Annual
Meeting

March 23 to 27
NCAA Fencing
Championships,
University of
Pennsylvania

Philadelphia's and Jefferson's Bicentennial Calendar

Highlights: January to June



March 27 to 29
NCAA Basketball
Championships,
the Spectrum

April 9
Opening of
Bicentennial Art
Exhibit
Philadelphia
Museum of Art

April 6
Reception during
meetings of
American College
of Physicians
Jefferson Alumni
Hall

April 13
Thomas Jefferson's
Birthday
Ceremonial Event

April 22
Reopening of
Pennsylvania
Academy of Fine
Arts with
Bicentennial
Exhibit

April 23 to 25
Bicentennial Folk
Fair Civic Center

May 3
First Medical
School, 1765
Ceremonial Event

May 10 to 12
Bicentennial
Congress on
Ophthalmic
Surgery

May 16
Bicentennial
Vespers Service
Chapel of the Four
Chaplains

May 31
Memorial Day
Ceremonies U.S.S.
Olympia and
Citywide

Class Agents

and

Reunion Chairmen*

1976

Dates: June 9 and 10

1926 **50th**

Luther Kline, M.D.
John B. Montgomery, M.D.°
Neal R. Moore, M.D.°

1931 **45th**

Jack M. Lesnow, M.D.
Nathan Ralph, M.D.°

1936 **40th**

Nicholas R. Varano, M.D.°

1941 **35th**

John Y. Templeton, III, M.D.
Willard M. Drake, Jr., M.D.
Edward H. Vick, M.D.°

1946 **30th**

James V. Mackell, M.D.
William H. Baltzell, M.D.°

1951 **25th**

Vincent J. McPeak, Jr., M.D.
Frank J. Sweeney, Jr., M.D.
Herbert C. Mansmann, Jr., M.D.°
Irwin L. Stoloff, M.D.°

1956 **20th**

Eugene F. Bonacci, M.D.
Leopold S. Loewenberg, M.D.°

1961 **15th**

Theodore W. Wasserman, M.D.°

1966 **10th**

George L. Adams, M.D.
Edward T. Carden, M.D.°

1971 **5th**

James E. Barone, M.D.
Terrence S. Carden, M.D.
Ronald H. Hirokawa, M.D.°